NHS
South Sefton
Clinical Commissioning Group

Annual Report and Accounts

2019-2020

Staying local & together

Contents

Performance report

- Performance overview 4
- Performance analysis 17
- Involving our residents 57
- Equality and diversity 65
- Working towards a sustainable NHS 77

Accountability report

Corporate governance report
- Members report 80
- Statement of accountable officer's responsibilities 84
- Governance statement 86

Remuneration and staff report
- Remuneration report 114
- Staff report 122

Parliamentary accountability and audit report 130

Accounts 136

About our annual report and accounts

We produce our annual report and accounts in line with national reporting requirements.

These requirements are set out in a ‘manual’ that we follow, which asks us to report information relating to our work in three main sections as follows:

- Performance report - including an overview, performance analysis and performance measures
- Accountability report - including the members report, corporate governance report, annual governance statement, remuneration and staff report
- Annual accounts

Performance overview

Introduction

Welcome to our Annual Report and Accounts 2019-2020. This document is a guide to the work we have done over the last year, setting out our key achievements and the challenges we have faced along the way.

We could not begin this introduction however, without recognising the unprecedented circumstances we find ourselves in at the end of this financial year. At the time of writing this, we are experiencing what are arguably the biggest changes in the way we live our personal and professional lives ever, due to the national measures put in place to stem the spread of coronavirus, COVID-19. We are focusing all our efforts on responding to the pandemic and you will read more about this later in the report.

Across the year we have been making good progress in improving the quality of the services we commission, whilst at the same time ensuring that we are making the best use of the financial resources available to us.

An important milestone for us was the development of our borough wide plan for the local NHS called Sefton2gether. We developed this plan together with our partners across health and care and it has also been informed by your views - our residents. It responds to the requirements of the NHS Long Term Plan and builds on our earlier Shaping Sefton strategy that set out a vision for more integrated health and care, wrapped around you and your community.

Our member GP practices are playing an increasingly central role in helping us to transform your care. This year practices have further strengthened their joint working arrangements through their membership of one of three primary care networks (PCNs) across the CCG, so together they can achieve more across these bigger areas. As a result, patients are benefiting from new services including an innovative pharmacy ‘hub’ and access to social prescribing link workers through a collaboration with voluntary sector organisations.

You will read more examples throughout this report of the work we are doing with our partners to achieve more for you. We are particularly proud of the work we did with Sefton Council to change the model of supported living for people with mental health conditions or a learning disability to an Individual Service Fund (ISF) model. This is where an individual or their representative decides how to spend their personal budget to better meet their assessed care and support needs, improving their experience of these services. The pilot scheme was shortlisted for the prestigious Local Government Award in 2020.

Finally, we understand all too well the great strain coronavirus has placed on all our lives, and we would like to praise our colleagues across health and care in Sefton for their tireless work and to you, our residents for the support and patience you have shown your local NHS. In particular, we would like to thank you for playing your part in helping to respond to COVID-19 and for making changes to the way your live your lives to help protect us all.

Dr Craig Gillespie	Fiona Taylor
Chair	Chief Officer

Purpose of this performance overview

The performance overview section of this report highlights our approach and achievements during the financial year 2019-2020.

It gives a snapshot of who we are, what we do, the challenges we have faced and what we have done as a result.

Our journey in 2019-2020

We made some good progress as we journeyed through 2019-2020 during an increasingly demanding period for the NHS nationally and locally.

Here is a roadmap of some of the significant achievements and challenges from our journey in 2019-2020 that you will read more about later in this report.

April 2019

We have ‘full delegation’ status from 1 April, taking on responsibility for the commissioning of general practice medical services from NHS England and Improvement.

The third phase of our review of local health policies begins with Sefton residents invited to give views on policies including insulin pumps and continuous glucose monitoring devices.

May 2019

International Nurses Day gave us the opportunity to celebrate the importance of nursing and support the ‘We are the NHS campaign’, encouraging more people to join the profession.

We gave our support to the ‘Let’s talk about dementia’ campaign which encourages people to help improve the lives of those affected by dementia.

June 2019

Our ‘Diabetes and You’ and ‘Diabetes and More’ education programmes gain national accreditation from QISMET as we were supporting National Diabetes Week.

With partners we launch a rapid response plan to the Sefton re-inspection of systems and services for children and young people with special educational needs and disability (SEND).

July 2019

Trans Health Sefton was named a winner in this year’s Healthcare Transformation Awards 2019, which recognise the very best in innovation and improvement across the NHS.

With Sefton Council we launched Kooth, an online counselling and emotional wellbeing platform for children and young people.

August 2019

Amidst a challenging year, we retain our ‘requires improvement’ rating in the NHS England annual assessment of our performance.

We rank amongst some of the best performing CCGs in key areas including talking therapies, diabetes, cancer patient experience and public involvement.

September 2019

The first ever national World Patient Safety Day gave us a great opportunity to highlight and celebrate the great work that we’re doing to improve the safety of patients.

Our ‘Big Chat 11’ combines our Annual General Meeting to update residents on our work and invite their views about our future developments.

October 2019

We call for resident's views to help finalise our 5 year strategy, Sefton2gether that responds to the NHS Long Term plan and works alongside Sefton's Health and Wellbeing Strategy.

Our innovative 'pharmacy hub' is rolled out following a successful three month pilot, providing GP practices, their patients and community pharmacies with support.

November 2019

'Self-Care Week' was our opportunity to launch a series of short videos showcasing some of the free support available to Sefton residents to improve their health and wellbeing.

We encourage residents to get involved with their local NHS by joining their GP practice's patient group, holding an event with Healthwatch Sefton for people to find out more.

December 2019

Our Christmas campaign reminds people of the range of local services that can help them should they become ill over the holiday period.

We encourage our residents to share views on a number of involvement exercises such as local SEND services, regional hospital based eye care and the national cancer survey.

January 2020

The development of our 5 year plan, Sefton 2gether is completed and work is ongoing with Sefton Council and other partners to progress our combined vision for health and care.

Our work with Sefton Council on Supported Living Services is judged a finalist in the Health and Social Care category of the 2019 Local Government Association Awards.

February 2020

Our governing body begins to consider whether the CCG may come together in a formal merger with counterparts in Sefton, Liverpool and Knowsley.

We support the CQC's #DeclareYourCare campaign, encouraging people with a learning disability their family, carers and advocates to feedback on their experience of healthcare.

March 2020

We remind residents that all GP practices in the borough are fully linked up with the NHS App, so they can book and manage appointments, order repeat prescriptions and more.

Our response to the coronavirus pandemic rapidly gathers pace, as national guidance on social distancing is put in place to stem the spread of COVID-19.

Who we are and what we do

We are NHS South Sefton Clinical Commissioning Group (CCG) and we have been responsible for planning and buying – or 'commissioning' – nearly all local health services since 1 April 2013. In 2019-2020 we had a budget of £280 million to spend on commissioning the following health services for our 156,000 South Sefton residents:

- Community based services, such as district nursing and blood testing
- Hospital care, including routine operations, outpatient clinics, maternity and accident and emergency services
- GP out of hours services, giving people access to a doctor when their surgery is closed in the evenings, weekends and bank holidays
- Nearly all mental health services

Our CCG is a membership organisation made up of doctors, nurses, lay representatives and other health professionals, representing all 30 doctor's surgeries in South Sefton. We support practices to be actively involved in the work of the CCG. Much of this work is carried out in 'localities', covering four geographical areas, so practices can really focus on addressing the health needs of their individual communities. Our four localities are Bootle, Crosby, Maghull and Seaforth and Litherland. A Governing Body of elected GPs, practice staff, lay representatives and other professionals makes decisions about our CCG on behalf of the wider membership. Whilst we support people's right to choose where they are treated and who provides their care[1], the majority of the services we commissioned in 2019-2020 were commissioned from the following providers:

- Liverpool University Hospitals NHS Foundation Trust – where the majority of our residents receive any general hospital care they may need
- Mersey Care NHS Foundation Trust – providing community services in addition to many of the mental health services we commission
- North West Ambulance Service NHS Trust – providers of patient transport services as well as its network of emergency response vehicles
- Other NHS organisations – including Southport and Ormskirk Hospital NHS Trust, Liverpool Women's NHS Foundation Trust, Alder Hey Children's NHS Foundation Trust, The Walton Centre and Liverpool Heart and Chest Hospital NHS Foundation Trust
- Community, voluntary and faith sector organisations – like Sefton Carers Centre and the Alzheimer's Society
- Independent and private sector providers – including Go To Doc that is led by doctors and provides our GP out of hours service
- Midlands and Lancashire Commissioning Support Unit –providing many of our administrative and operational functions like procurement and human resources

So we can make the right commissioning decisions for our patients' needs, we continually review and monitor local services to make sure they meet the standards and quality we expect. Alongside this, we routinely assess all the information and medical evidence we have about current health and health services in south Sefton, to inform what more we need to do.

[1] NHS Constitution https://www.gov.uk/government/publications/the-nhs-constitution-for-england

Our strategic approach to commissioning services is set out in our new strategy that was developed during 2019-2020, Sefton2gether. A number of other CCG and partnership plans, strategies and targets inform our work too. This includes the Joint Strategic Needs Assessment (JSNA) and Sefton's Health and Wellbeing Strategy, Living Well in Sefton, which we co-produced with Sefton Council during 2019-2020. We also have a joint strategy for integration with the council called 'Making Integration Happen'[2].

Our plans also have to meet a number of nationally set standards and requirements like the NHS planning and contracting guidance, the NHS Long Term Plan, Oversight Framework for CCGs and the NHS Constitution[3], which also sets out the legal rights of our patients' and staff and what is expected from them in return – so we can all get the best from the NHS and the resources it has at its disposal.

We have an annual operational plan, called 'Highway to Health' in 2019-2020, produced jointly with NHS Southport and Formby CCG and which explains the work we are doing towards Living Well in Sefton and Sefton2gether.

Our residents play an important role in helping us to shape our work and oversee services, and we involve them in our work in a number of different ways – from routinely gaining their views and experiences, to inviting representatives to join some of our most important groups and committees.

You will read more about all these different aspects of our work throughout this report and you will also find a range of further information on our website www.southseftonccg.nhs.uk

[2] Find all of these on Sefton Council website - https://www.sefton.gov.uk/17872
[3] NHS Constitution - https://www.gov.uk/government/publications/the-nhs-constitution-for-england

Our local challenges

The NHS continues to face real challenges across all sectors including funding constraints, increased service demand, and workforce pressures. These national challenges are mirrored in South Sefton.

The continued focus in 2019-20 is on ensuring continued quality of services while amongst these mounting challenges.

In addition to these challenges, South Sefton has a number of environmental and social elements that need to be factored in when planning and commissioning health services for the population.

These include the following:

- The demographic makeup of our population shows a higher proportion of residents 65 years and over, approximately 19.5%, compared with a national rate of closer to 18%. Projections over the next 10 years indicate this age group will increase by close to 19%, approximately an additional 6,000 people in this age group.
- South Sefton has significantly higher levels of deprivation and child poverty with income deprivation affecting children across a number of Boroughs within the top 1% in the country.

Although health is improving in a number of areas there remains unacceptable inequalities in health in different parts of the borough and these present clear areas for improvement:

- Life expectancy for both males and females is lower than the national rate with healthy life rates for males significantly lower. The variation increases when looking at locality level information with an approximate 6 year variation between the highest and lowest areas.
- Levels of long term health conditions are much higher than the national average especially cardiovascular related diseases. Other factors such as obesity, respiratory diseases and mental health disorders are higher in Sefton than nationally along with Dementia.

The Joint Strategic Needs Assessment (JSNA) supports the strategic development and service planning by examining health and social variations and inequalities that exist within Sefton. The information outlined in the JSNA supports commissioning plans and joint working with our health and social care partners. This is done in a number of ways such as the Health and Wellbeing Board for Sefton.

You can find out more about local health and wellbeing from Sefton's JSNA[4] , Sefton Public Health Annual Report and RightCare Health Inequalities data pack[5] for south Sefton.

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[4] Sefton JSNA - https://www.sefton.gov.uk/media/1488605/jsna-highlight-report-2018.pdf

[2] NHS Rightcare Equality and Health Inequalities pack - https://www.england.nhs.uk/wp-content/uploads/2018/12/ehircp-nw-south_sefton-ccg-dec-18.pdf

Our strategy for health, care and wellbeing

The CCG's strategy has been guided by the NHS England Long Term Plan. Building on the 2014 original Shaping Sefton Strategy and working in a partnership approach the new five year plan, Sefton2gether has been agreed. The plan looks at the Sefton requirements and has been developed by the NHS, Sefton Council, the voluntary, community and faith (VCF) sector and the people of Sefton. It underpins elements of the Sefton Health and Wellbeing Strategy and our aim is to continually improve health and wellbeing for all in Sefton.

The ambitions and priorities will be implemented over the next five years and importantly this plan is a 'system' based plan for the whole of Sefton. A lot of work has been carried out, especially in the last 12 months, by the Sefton Health and Care Transformation Partnership.

We agree we cannot "jointly" deliver everything together. However, we are committed to working closely wherever possible to link up where our ambitions align. This will all be carried out under the umbrella of Sefton Health and Wellbeing Strategy and working within the finances available.

We also aim to cut delays, improve the quality of care, bring care closer to everyone's homes and reduce both A&E attendance and hospital admissions.

In line with the ambitions of the national NHS Long Term Plan, we want to refocus our efforts and increase our investment in prevention rather than cure – this represents a significant change in the way we have prioritised our resources in the past.

We also know, from developing this plan with our partners and the public, we will not be able to change everything within five years. Some of the foundations we are building on will still take many more years to show their results. Delivering greater health and care results can take generations but that will not stop us planning and working now to make a positive change for the future. This includes things like increasing vaccination and immunisation rates as well as identifying when we can intervene earlier to stop or reduce ill health getting worse. This will help people live longer, healthier lives and reduce the need for traditional medical services in the future. By encouraging people to live a healthier lifestyle; such as eating and drinking more healthily, taking more exercise and not smoking, will hopefully not have to rely on health and care services as much as people go through life.

We also want to help address some of the structural / wider determinants of health, to see how best we can work together with partners on things like poverty, housing, education, transport, skills, and employment. This includes looking at "social value"; which describes the social benefits achieved from public services. It considers more than just people's wages and income and includes things like wellbeing, health, inclusion and many other benefits of being employed and active in the community.

There are though some stark health and care issues in Sefton which need to be addressed for the benefit of everyone. We need to prevent and reduce existing conditions like diabetes, heart disease, cancer and mental health conditions across all ages; reduce the time people wait for surgery and urgent care and provide value for money to taxpayers. We can do this by thinking more strategically about our future commissioning arrangements with all providers, including the VCF sector.

We are all committed to delivering the key aims of this strategy for Sefton and helping people start well, live well, age well, die well. We want to ensure that health and care across Sefton

considers the entire life-cycle so that we can help and support whether a new born baby or coming towards the end of life.

There will be one implementation plan combining the joint actions of the NHS and Council from the Sefton Health and Wellbeing Strategy, the Children's and Young People Plan and this Plan to ensure consistent messaging around local strategic aims and priorities.

Working with partners across the region this plan also contributes to the Cheshire and Mersey Health & Care Partnership's NHS Five Year Plan. There are now four agreed priorities within the Cheshire and Merseyside Programme, these are:

- CVD Disease: Zero Stroke – reinforcing the importance of prevention, given that diseases of the circulatory system are the second biggest killer in Sefton.
- Mental Health and Wellbeing: Zero Suicide – mental health is a priority across the life-course in Sefton. The suicide rate exceeds the national average (and doubled in the period to 2016/17). Hospital admissions for self-harm are also rising
- No more harm from alcohol – Sefton is an outlier for alcohol admissions and mortality. Drinking too much can have numerous impacts on health as well as raising the chances of other related health issues, such as violence, or increased risk of having an accident
- No more harm from violence – this work will focus on reducing violence from a Public Health and behavioural science perspective. Building on work from the UK and abroad, it is anticipated that a big difference can be made to people's quality of life if violence can be reduced. It will also have an impact on hospital admissions and the other burdens on public services

Our ambitions

A healthy balance

There is a 12-year difference between the life expectancy in the poorest parts of Sefton compared to the richest parts. Our goal is to reduce that gap through targeted advice, information and support with health care when it is needed, helping people to live longer.

Great expectations

We want to make sure that people are able to live their best life by helping them choose to live longer, healthier. We want to help everyone increase the amount of years they live free from any major health conditions.

Early intervention

If people need help, the sooner we step in the better it is. That's why we are promoting early intervention through our health care system, making sure that any worries that people have are seen to as quickly as possible before they turn into major problems.

Prevention

Prevention and intervention go hand in hand. This is why we are encouraging people to stay healthy and active to prevent health and wellbeing problems later on in life.

Empowering self-care

Helping people to care for themselves is very important to us. Self-care and lifestyle changes; such as not smoking, doing more exercise and eating and drinking healthily can make a big difference to everyone – from weight loss to managing existing mental health conditions. This also includes helping those people with long term conditions, eg. diabetes, or recovering from cancer to maintain as healthy a life as possible. After all, real change can only come from within.

Access to high quality services

We want to make sure that everyone's health and care systems are the best that they can be, meet required quality standards and are located where people need them most. We are constantly looking for new ways to improve and meet everyone's needs efficiently and effectively.

Planning ahead

There are long-term NHS goals that we have to meet to make sure that everyone are well looked after. These goals include; reducing waiting times, supporting maternity services, reducing health inequalities and tackling diabetes, improving outcomes from cancer and supporting people with mental health problems at a local and national level.

Sustainability

We currently spend more money than we get. We want our health and care system to be financially sound. We have to understand how we can manage our money in a way that meets all of everyone's needs. We also want to be able to maintain the high quality of care available, no matter what happens politically and economically. Because of this we have to make sure that we are prepared for all circumstances and have the services in place when and where they are most effective.

Social value

We want the NHS and other public sectors to be of value to the local population. We want to create a service that is trusted, an employer who is fair and loyal and a pillar that the community can depend on. We aim to do this through constant communication and transparency about what we are doing and why. This includes the five main things which make the NHS an "Anchor Institution":

- Purchasing more locally and for social benefit
- Using buildings and spaces to support communities
- Widening access to quality work
- Working more closely with local partners
- Reducing its environmental impact

Working together

We aim to make the most of the resources we have available, both within the NHS and across our partners. We want to ensure we all focus on "whole system delivery" through working together and being as efficient as possible. The overall approach is guided by the need to

address the health issues within Sefton, which mean that people are not living as long or as healthily as they could.

Delivering our strategy in partnership

You will read below about some of our most important organisational partners that we are involving in our work. These organisations are responsible for different aspects of local health and care services, which are described below. They share our vision for more joined up and sustainable health and care services that better meet the health needs of our residents.

NHS England and Improvement

Together with NHS England and Improvement (NHSE/I), we work to ensure health services for South Sefton residents meet national and local standards. This has been the first year since we took on full responsibility for the commissioning of general medical practice services from NHSE/I, known as 'full delegation'.

During 2019-2020, the Cheshire and Merseyside Area Team continued to oversee standards and hold the contracts for dentists, pharmacists and opticians, as well as being responsible for some screening and immunisation programmes. Other local teams commission some additional services our residents may need from time to time, such as specialist, prison and armed forces healthcare.

Sefton Health and Wellbeing Board

This partnership board steers much of the work we do together with Sefton Council. Our chair and chief officer are core members of this committee, which brings us together with others who have a lead responsibility for health and social care in the borough. This includes local councillors, council officers, NHS providers, NHS England, representatives of the community voluntary and faith sector and Healthwatch Sefton.

Together, we have devised a Sefton wide strategy for health and wellbeing[6]. This was based on our Joint Strategic Needs Assessment (JSNA) that brings together all the information we have about current services, to highlight where we need to do more in the future. This is particularly important as we continue to work together on addressing the inequalities in health that exist in different parts of the borough. Our new 5 year strategy, Sefton2gether will support the delivery of our joint Health and Wellbeing Strategy and you will find examples of our joint work elsewhere in this annual report.

Sefton Council

We work closely with our council commissioning colleagues across many areas including social care, mental health and children's services. Our jointly agreed 'Making it Happen' strategy describes our commitment and work towards further integration, which we believe will have great benefits for our residents by making their health and social care more seamless and effective. A well-established Integrated Commissioning Group takes a lead on delivering this strategy. This group is also looking at where we can further pool our resources towards achieving better outcomes for our patients. This is part of our work around the Better Care Fund programme[7].

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[6] Find Sefton's Health and Wellbeing Strategy here - https://modgov.sefton.gov.uk/documents/s94293/Enc.%201%20for%20The%20Health%20and%20Wellbeing%20Strategy%202020-2025.pdf

[7] https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

The council is responsible for promoting and protecting good health across Sefton. It works closely with the national body, Public Health England to do this in partnership with NHS England and ourselves. This helps to steer our work to reduce health inequalities in line with the aims of our joint health and wellbeing strategy.

The local authority also holds us to account through its overview and scrutiny functions. Our chief officer is a regular attendee of the Overview and Scrutiny Committee (OSC) for Adult Social Care and Health and the OSC for Children, Young People and Safeguarding to update councillors of key work programmes.

Other clinical commissioning groups

We work with neighbouring clinical commissioning groups to plan and buy services when there is a benefit for South Sefton residents, or where services are provided across a wider geographical area, like hospital care. We share a management team with neighbouring NHS Southport and Formby CCG as well as employing staff dedicated solely to do our work. This means we are able to maintain efficient running costs and share good practice where it offers benefits to our local residents. It also helps us to work more effectively with Sefton Council and the Health and Wellbeing Board on borough wide programmes and initiatives. This is particularly important when we are addressing the variations in health that exist in different parts of Sefton, so that no one community is disadvantaged and improvements are experienced by all.

Provider organisations

The majority of services we commission are from other NHS organisations like hospital and community services trusts. In addition, we also commission some services from the voluntary, community and faith sector and private providers. We closely monitor the work of all our providers to ensure their services meet the high standards of quality we expect for our patients. We also involve our providers in planning how we might improve care in the future, and a number of these organisations are represented on some of our most important working groups.

Healthwatch Sefton

Healthwatch Sefton gathers and represents the views of people living in the borough. Due to its independence, Healthwatch can challenge those who provide services but it can also work in partnership with us and other statutory bodies to improve frontline health and social care. The chair of Healthwatch Sefton is a co-opted member of our Governing Body. The organisation also has representation on some of our other committees and working groups, including our Engagement and Patient Experience Group.

Performance analysis

To make sure we fulfil all our duties, our performance is regularly measured, monitored and scrutinised. This happens in a number of different ways - through our internal governance structures and processes as described elsewhere in this report, as well as being regularly assessed by national regulatory bodies such as NHS England & Improvement.

There are also a number of documents that set out targets for different areas of our work. This includes the pledges contained in the NHS Constitution, the NHS Outcomes Framework, Better Care Fund and the CCG Oversight Framework (previously the Improvement & Assessment Framework). Aligned to this are also specific CCG plans set out in the Operational Plans for CCGs.

The work you will read about throughout this report has all contributed to our performance for 2019/20.

Detailed information about our performance during the year, including any significant issues or achievements can be found in our integrated performance reports, which are published on our website[8] in addition to being presented to our Governing Body.

[8] View integrated performance reports here - https://www.southseftonccg.nhs.uk/what-we-do/how-well-our-services-perform/

Performance summary

Oversight Framework

In April 2019 the new NHS Oversight Framework (NHS OF) replaced the Improvement and Assessment Framework (IAF) and outlines the joint approach NHS England and NHS Improvement will take to oversee organisational performance and identify where commissioners and providers may need support. Of the 65 metrics in the NHS OF, 60 relate specifically to CCGs.

In the latest annual improvement and assessment framework (IAF - now known as the Oversight Framework as of April 2019), results (2018-2019) NHS South Sefton CCG were rated as 'requires improvement' by NHS England. The assessment takes into consideration all 58 performance indicators across the four domains of better health, better care, sustainability and leadership.

Overall, our rating highlighted progress and on-going challenges, whilst continuing to reflect the increasingly testing environment the organisation is operating in. Continuing to maintain the rating of 'requires improvement' during such a difficult year reflects the hard work we have carried out and the improvements we have made.

The information release for Quarter 2 2019-2020 for NHS Oversight Framework (NHS OF) indicates areas where performance has improved and also where continued improvement is still required. These are summarised below:

Key Areas of Improvement

Quality of Care & Outcomes:

- *Provision of high-quality care: hospital (121a);*
  Performance improved significantly in Q1 19/20 and is now in the highest performing group nationally.
- *Cancers diagnosed at an early stage (122a);*
  Performance continues to increase year on year and this was recognised by NHS England and Improvement in its assessment feedback.
- *One-year survival from all cancers (122c);*
  Performance has improved against this indicator steadily over the past 16 years. We are now ranked joint best amongst peers alongside St Helens CCG.
- *People with first episode of psychosis commencing treatment within 2 weeks (123c);*
  Performance has improved over the past 4 months, achieving the national target and has been recognised in the feedback from NHSE England and Improvement via the assessment process.
- *People of GP SMI register receiving physical health checks (123g);*
  Performance has improved over the past 4 quarters which has been recognised by NHS England and Improvement in its assessment feedback
- *Estimated diagnosis rate for people with dementia (126a);*
  Improved performance in this area has been noted in the assessment feedback from NHS England and Improvement.

Preventing Ill Health & Reducing Inequalities:

- *Antimicrobial resistance: appropriate prescribing in primary care (107b);*
  Performance has improved over the past 2 months and is now reporting below the 10% maximum level for antibiotic prescribing and is also below the England average.

Leadership & Workforce

- *Compliance with statutory guidance on patient and public participation in commissioning and health care (166a);*
  The CCG was assessed as improving from green in 2017-2018 to green star in 2018-2019 against this measure, which focuses on how well local residents are engaged in the work of the organisation. This is the highest possible rating for this performance measure.

The assessment is based on performance data for 2018-2019 and in addition to the above we are cited as being in Outstanding for Diabetes performance and Good for cancer performance.

Key Areas for improvement

Quality of Care & Outcomes

- *105c Deaths with three or more emergency admissions in the last three months of life:*
  A number of actions have been implemented to ensure reduced levels or emergency admissions for this cohort of patients with the CCG working closely with care home and hospice providers linked to end of life care.
  There are multiple factors which impact upon this performance in relation to in-hospital and community services and which services patients choose. Work is on-going to improve identification and recording of patients preferred place of death. The CCG is investigating to identify the root cause as to the higher levels of admissions prior to end of life.
- *108a Carers with an LTC who feel supported to manage their own condition:*
  We understand the importance of providing needed support to those with long term conditions to manage their conditions well and thus provide them with on-going independence. In view of this we are undertaking a piece of work to understand patient responses and areas for improvement.
- *122b Urgent GP referral for first definitive treatment for cancer within 62 days:*
  The CCG continues to struggle to achieve the national standard regarding this metric with a number of reasons for patients breaching the 62-day timescale. These include complex diagnostic pathways, patient choice, and other medical factors preventing treatment. This is not just a local issue relating to South Sefton patients but covers a much wider area and as such a new Cancer Alliance Performance Improvement Group has been established to give oversight of cancer performance across the Cheshire and Merseyside system. The focus of this group will be to identify the key areas for patients breaching the time frames and develop improvement plans.
- *123a Improving access to psychological therapies – recovery:*
  Recovery of patients entering the service is something that has been discussed and investigated with the current provider and on review a number of obstacles have been identified. Severity of patients entering the services have been high as well as internal

waiting times are two specific areas that have been picked up and will be addressed in the forthcoming procurement.

- *123b Improving access to psychological therapies – access:*
  A number of factors, such as vacancies, long-term staff illness and the access process, have affected the service ability to see as many patients. As noted with recovery, the forthcoming procurement of the service will improve access.
- *124b LD Annual Health checks:*
  General Practice face a number of challenges in achieving this target with one of the main one's being capacity to make these checks. We are working with practices to identify those with a lower uptake and support promoting awareness of the importance in conducting these checks. Additionally some practices have signed up to DES with NHS England.
- *125d Maternal Smoking at Delivery:*
  We are working closely with Sefton Council the Smoking Cessation service and assisting providers regarding timely referrals. The CCG, Providers and the Local Authority work in line with guidance recorded by the National Institute for Clinical Excellence (NICE) and Public Health projects are also aligned. Issues with regards to e-referrals into the service have also contributed to poorer performance.

Preventing ill Health & Reducing Inequalities:

- *104a Injuries from falls in people aged 65 and over:*
  As noted earlier on regarding the make-up of South Sefton, compared to national levels we have a higher proportion of residents 65 years and older. Due to this factor and high prevalence of such illnesses as dementia this will increase the risk factor of falls and therefore hospitalisations. Although the CCG does have a higher level of risk in this area it also means we are able to work closely with our multiple care providers to establish a collaborative working approach to ensure high levels of safety in this regard.
- *106a Inequality in unplanned hospitalisation for chronic ambulatory care sensitive and urgent care sensitive conditions:*
  Nationally there are large inequalities in the rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions when comparing the most and least deprived areas. The most deprived areas have about three times as many emergency admissions compared to the least deprived at a national level.
  Performance of this indicator is affected by changes in coding and major pathway changes within the CCGs main acute provider which has resulted in increased A&E to admission conversion rates and a higher rate of zero day length of stay admissions, mainly linked to ambulatory care conditions. Work is on-going with both the local Acute Trusts and the wider Urgent Care services to continue to improve these areas and implement national guidance relating to same day emergency care (SDEC).
- *107a Antimicrobial resistance: appropriate prescribing of antibiotics in primary care:*
  Applying national antimicrobial guidance locally remains a challenge when local resistance patterns/clinician concerns are taken into account.
  Proactive discussions with practices take place and in addition, regular audits are carried out in line with the Pan Mersey Area Prescribing Guidelines and peer reviews take place at locality level. These audits have found an increase in the number of multiple infections within patients requiring broad spectrum antibiotics. The CCG and practices continue to monitor and apply national guidance as best as possible under the local circumstances.

New Service Models

- *127b Emergency admissions for urgent care sensitive conditions:*
  The CCG has seen an increase in short stay admissions to hospital for patients with long term chronic conditions. These conditions can be managed well at home and with good links to primary care and this is something the CCG and Primary Care Networks (PCNs) are working collaboratively on to ensure patients can manage these conditions well. As well as this the impact of changes to the main hospitals urgent care pathways has resulted in more short stay admissions for these patients, the outcome of this has shown an increase in numbers but this does not necessarily translate to actual patient increases.
- *127f Population use of hospital beds following emergency admission:*
  System wide working across acute, community and local authority provision to focus on stranded and super stranded patients (patients with lengths of stay 7+days and 21+days respectively) is in place to review and understand delays. Recurrent themes are being identified and fed through to support longer term sustainable provision.
  Performance for this indicator is also affected by a higher rate of zero length of stay admissions as described in 106a.
- *130a Achievement of clinical standards in the delivery of 7-day services:*
  Assessment was carried out for 2016/17 and needs to be reviewed on line with significant work undertaken in all acute Trusts including Aintree since the standards were published. Systems are in place to support all aspects of the standards with the need for us to monitor the quality of those interventions and how effective they are.

Leadership & Workforce

- *128d Primary care workforce:*
  Staffing within primary care remains a national issue and is something that is being discussed with the Primacy Care Networks as to ways in which support is needed. Targeted recruitments schemes are being put in place which will be based on the needs of the population.

You can read more about the IAF process on NHS England's website[9]. More about our results can also be found in our monthly integrated performance reports[10].

[9] NHS England IAF framework - https://www.england.nhs.uk/commissioning/ccg-assess/
[10] View integrated performance reports here - https://www.southseftonccg.nhs.uk/what-we-do/how-well-our-services-perform/

Better Care Fund performance

Sefton Health and Wellbeing Board submits our Better Care Fund (BCF)[11] programme plan which sets out areas of work between Sefton Council and ourselves including funding contributions, scheme level spending plans and national metrics. Quarterly performance monitoring returns are submitted to NHS England on behalf of the Sefton Health and Wellbeing Board. Progress against our BCF plan is reported in our monthly integrated performance report.

[11] About the Better Care Fund https://www.england.nhs.uk/ourwork/part-rel/transformation-fund/bcf-plan/

NHS South Sefton CCG Summary Performance Table

The following table shows overall performance for April 2019 – March 2020, with much relating to the work of our providers. Where providers fall short of expectations, we work with them to support improvement and this sometimes includes contractual measures to ensure our services meet the best possible standards.

NHS Constitution Indicators	**CCG**	**Main Provider**
A&E 4 Hour Waits (All Types) (Cumulative)		Aintree
Cancer 2 Week GP Referral (Cumulative)		Aintree
RTT 18 Week Incomplete Pathway		Aintree
Other Key Targets	**CCG**	**Main Provider**
A&E 4 Hour Waits (Type 1) (Cumulative)		Aintree
Cancer 14 Day Breast Symptom (Cumulative)		Aintree
Cancer 31 Day First Treatment (Cumulative)		Aintree
Cancer 31 Day Subsequent – Drug (Cumulative)		Aintree
Cancer 31 Day Subsequent – Surgery (Cumulative)		Aintree
Cancer 31 Day Subsequent – Radiotherapy (Cumulative)		Aintree
Cancer 62 Day Standard (Cumulative)		Aintree
Cancer 62 Day Screening (Cumulative)		Aintree
Cancer 62 Day Consultant Upgrade (Cumulative)		Aintree
Children & Young people eating disorders routine ref - 4 weeks		
Children & Young people eating disorders urgent ref- 1 week		
CPA Patients discharged and followed up in 7 days		
Dementia Diagnosis Rate		
Diagnostic Test Waiting Time		Aintree
Early Intervention in Psychosis (EIP)		
HCAI - C.Diff		Aintree
HCAI - MRSA		Aintree
HCAI - E Coli		
IAPT Access - Roll Out		
IAPT - Recovery Rate		
Mixed Sex Accommodation		Aintree
NHS E-Referral Service Utilisation		
Personal Health Budgets		
RTT 52+ week waiters		Aintree
Stroke 90% time on stroke unit		Aintree
Stroke who experience TIA		Aintree

What we are doing to address performance

This section was written during the initial stages of the Covid-19 pandemic when the full impact on NHS services was unclear. It is now clear that there has been a nationwide impact on constitutional performance with performance having deteriorated in a number of areas in quarter one of 2020/21. NHS South Sefton CCG will be working together with its partners to address performance issues and to restore services in line with its Covid-19 recovery plans. This work will include retaining improvements that have been observed in areas such as increased use of digital technologies to deliver services in different ways. It is important to acknowledge, however, that returning performance to pre Covid-19 levels will remain a challenge in some areas throughout 2020/21.

Accident and emergency services

Throughout 2019/20 the national accident and emergency (A&E) target of 95% of patients waiting no longer than four hours has not been achieved. This has been extremely challenging nationally, not just for South Sefton CCG, with increased pressures across all of urgent care. The CCGs main provider, Aintree University Hospital NHS Foundation Trust, also failed to achieve the national target and below the planned improvement trajectory agreed with NHS Improvement. Although the CCG, and wider health economy, has faced significant challenges and pressures on urgent care performance has remained steady. A wider range of collaborative working across acute, community, mental health providers as well as local authority social services are in place and being built upon.

Cancer

Performance for the CCG has been variable across all of the cancer metrics with four of the eight national targets set to achieve by the end of the year. Significant pressures within the breast surgery services in the latter part of 2018/19 continued into 2019/20 which impacted on two week wait performance. Close working with Aintree Hospital enabled the service to recover part way through 2019/20 and is now in a much better position.

Cancer performance for the four 31-day measures has fluctuated throughout the year with the target for the surgery pathway on course not to achieve in 2019/20. A number of breaches have occurred within Gynaecology at the Liverpool Women's Trust. Performance within the 62-day pathway measures has remained challenging with a number of delays occurring due to complex diagnostic pathways, inadequate elective capacity and other medical reasons.

NHS South Sefton CCG has recovery plans in place with providers working to achieve operational standards consistently. The Cheshire and Merseyside Cancer Alliance now has a pivotal role in delivery of cancer standards across the system and we have seen a new performance improvement forum set up. This acknowledges the complexity of cancer pathways which can often include 2 or 3 different hospital providers.

Children & Young People – Eating Disorders

Performance in 2019/20 for the two waiting time targets set for children and young people (CYP) has varied throughout the year with referrals for routine cases improving to 91.3% in quarter 3 but still below the target. Urgent cases to be seen within 1 week are now achieving 100% in quarter 3 but levels have varied in year.

National capacity issues have impacted on service performance in the year but further investment commitments nationally have been confirmed which will assist with the current issues.

Dementia

Performance against the national dementia standard has failed to achieve the target throughout the year and has consistently reported approximately 64% each month. Work has been progressed throughout the year with Mersey Care Trust to establish a new dementia referral template for the memory services. Further to this work within primary care to establish patients at clinical risk of dementia has been progressed and iMerseyside staff have been assisting in helping to identify potential coding errors that may hamper true figures of prevalence.

Diagnostic test waiting times

The performance for diagnostics has fluctuated throughout the year with only three of the ten months reporting less than 1% waiting over six weeks and in the latter months levels have worsened. Performance at the CCGs main Trust, Aintree, has fared slightly better but the latest levels are slightly above the target. The main impact on the CCG is linked to the theatre upgrade programme at Liverpool Heart & Chest Trust and is due to last until mid-2020.

Healthcare associated infections

The CCG is failing the targets set against the HCAI metrics for MRSA and E.Coli but is achieving for C.Difficile. The CCG reported one case of MRSA against a zero tolerance target with the cases reported back in July-19. E.Coli levels have risen to 139 compared with an annual trajectory of 128. Post infection reviews take place after each case with lessons learnt and recommendations for improvement are implemented. The Infection, Prevention & Control (IPC) Programme Board has been established to focus on the reduction of gram negative bloodstream infections and address the need for a system wide collaborative approach.

Improving Access to Psychological Therapies

The target for both access and recovery for psychological therapies has not been met in 2019/20 with a number of ongoing issues linked to patients not accessing the service and staffing. Performance is not likely to improve significantly over the coming months with a forthcoming procurement of the service to take place.

NHS e-referral service usage

NHS e-Referral levels for the CCG have remained steady each month at the 60% marker with figures rising to 63% in Dec-19. NHS Digital has acknowledged the data quality and limitation issues of current reporting and are exploring other options nationally. Planned care leads within the organisation are liaising with Provider counterparts to ensure an improvement over the coming year.

Referral to treatment

Performance against the RTT standard of 92% has not been achieved by either the CCG or the main provider, Aintree Hospital, throughout 2019/20. RTT pathways continue to be affected by increased pressures on urgent care, capacity shortfalls and the impact of pensions/tax implications for consultants. The CCG issued a performance notice to Aintree Hospital and is

working closely with the Trust on the newly agreed trajectory to ensure target improvements are met. The CCG also reported two patients waiting over 52 weeks and on both occasions these were recorded at the Liverpool Women's Trust. Monitoring of patients at the 36 weeks and above mark remains a standard to ensure early sight of potential breaches.

Personal Health Budgets

Personal health budgets (PHBs) provide an amount of money to eligible residents to support their identified health and wellbeing needs, which are planned and agreed between the person and their local NHS team. We are above plan for personal health budgets as at quarter three with improvements being made against the PHB default for CHC clients. The CCG has initiated a 12 month pilot with Sefton Carers Centre to support the implementation.

The CCG is in the process of reviewing PHB policy following the extension to the 'right to have' published in December 2019, for s117 after care and wheelchair services. The CCG is in the process of developing an awareness raising campaign to improve the uptake of PHBs for children and young people including SEND.

Stroke - Aintree

Stroke performance at Aintree Trust has failed to achieve the 80% target but has consistently reported in the mid to high 70% range. The Trust has numerous actions in place to assist with the planned improvement within stroke services such as closer links with ED and Radiology to improve time to CT scans, recruitment of key stroke staff and regular reviews of patients who didn't achieve the standard.

Children Services

Children's services has been under significant pressure and as such has reported performance issues across a number of services such as speech and language, improving access to children and young people mental health (CYPMH) and child and adolescent mental health services (CAMHS). Close working with the main provider, Alder Hey, and the local authority has resulted in improvement plans and wider reporting of performance. Task and finish groups have been set up to develop a more robust reporting framework with the Trust and will assist in understanding areas to improve over the coming year.

Financial performance

The CCG works in partnership with our health care partners to ensure that local health care meets the needs of the population in south Sefton. Our duty as a CCG is to provide high quality and sustainable services within the funds allocated from the government for healthcare.

Our approach to commissioning seeks to ensure that services are transformed to improve efficiency. Through our Shaping Sefton II plans we are committed to ensuring that services are transformed together with our local partners, to reduce duplication and improve services for people. We are firmly committed to working to integrate health and care to ensure we prioritise effective and efficient care for our population using our resources in the best possible way.

2019-20 has been the most challenging year we have faced financially. Over recent years we have experienced year on year cost pressures from the impact of inflation, population growth and from an increased proportion of older people living longer with more complex care needs. This means that we need to continue to deliver more from every pound we spend.

At the start of the financial year we agreed a financial plan with NHS England and Improvement which required the CCG to plan to deliver a £1 million surplus (0.35% of total CCG funds).   In order to do this the CCG needed to set a challenging financial savings target of £14.000m (4.95% of total allocation).

Clinical commissioning groups have a duty to operate within their available resources and this is described in our CCG constitution. During 2019-20 the savings schemes we planned did not deliver as we expected and we continued to see emerging cost pressures due to the increasing demand for patient care. As a result, our financial position deteriorated and with the agreement of NHS England and Improvement our projected forecast position was amended to a target deficit position of £8.900 million.

The CCG along with NHS Southport and Formby CCG and Southport and Ormskirk NHS Trust have submitted a detailed Financial Recovery Plan to NHS England which describes the key financial pressures and our plans and responses to restore long term financial sustainability across the local health economy in Sefton. Our progress is being regularly monitored by NHS England. Internally the CCG's financial performance will continue to be rigorously monitored for emerging issues and financial risks.

The table below shows the CCG financial performance from 2013 to 2020.

At the end of the 2019-20 financial year we are reporting a £8.900 million deficit as agreed with NHS England and Improvement.

	2013/14		2014/15		2015/16		2016/17		2017/18		2018/19		2019/20	
	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M	Allocation £'M	Expenditure £'M
Programme	222.47	223.84	227.28	224.91	239.42	237.06	241.05	241.36	241.57	244.85	248.26	247.66	256.88	266.787
Programme - Delegated co-commissioning - General Medical Services	0	0	0	0.00	0	0	0	0	0	0	0	0	22.42	21.62
Running Cost Allowance	3.68	3.50	4.06	3.58	3.30	3.26	3.27	2.86	3.22	2.93	3.26	2.86	3.55	3.34
TOTAL	**226.15**	**223.84**	**231.34**	**228.49**	**242.72**	**240.32**	**244.32**	**244.22**	**244.79**	**247.78**	**251.52**	**250.52**	**282.85**	**291.75**
Surplus/ (Deficit) before application of NHS England reserves		**2.31**		**2.85**		**2.40**		**0.10**		**-2.99**		**1.00**		**-8.90**

We also have a number of financial duties under the NHS Act 2006 (as amended). Performance against these duties is described in the table below:

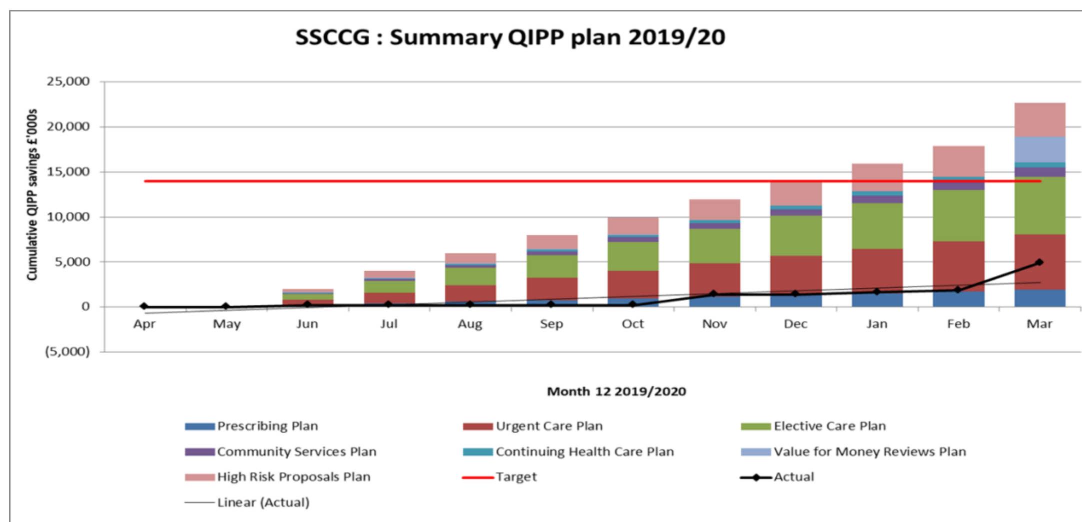
Summary Financial Performance 2019-20	Duty Achieved
Expenditure not to exceed income	χ
Capital resource use does not exceed the amount specified in Directions	Not Applicable
Revenue resource use does not exceed the amount specified in Directions	χ
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	Not Applicable
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	Not Applicable
Revenue administration resource use does not exceed the amount specified in Directions	✓

NHS South Sefton CCG is required to assess and satisfy itself that it is appropriate to prepare financial statements on a 'going concern' basis for at least 12 months from the date of the accounts. We have made an assessment of factors affecting the CCG and we have concluded that:

- Healthcare services will continue to be provided for the residents of south Sefton for the indefinite future
- We have appropriate management capacity and capability to implement our CCG long term financial strategy
- We have a robust risk management strategy and processes in place.
- The Covid-19 pandemic, declared on 12 March 2020, is a material uncertainty however, the Chancellor's statement in the Budget 2020 provided confirmation of NHS funding throughout this pandemic. As a result, Covid-19 does not affect the CCG as a going concern.

Our Governing Body agreed to a financial plan reflecting the NHS England control total of £1 million surplus in May 2019. Our 2019-2020 plan acknowledged the CCG's positive

performance in the delivery of Quality, Innovation, Productivity and Prevention (QIPP) efficiencies to date and recognised the challenge for the CCG to deliver further significant efficiencies, which has become more difficult over time. The QIPP programme delivered over £2m QIPP savings in 2019/20 (around £13.3m over the past four financial years). QIPP performance in 2019-20 is summarised in the table below:



We have developed a long term financial strategy to ensure we get the best possible health and care services for our population within the funding available. Our QIPP plans are central to ensuring we deliver value for money for our residents, at the same time contributing to improvement of our financial position.

Our QIPP plan includes schemes categorised under the following headings:

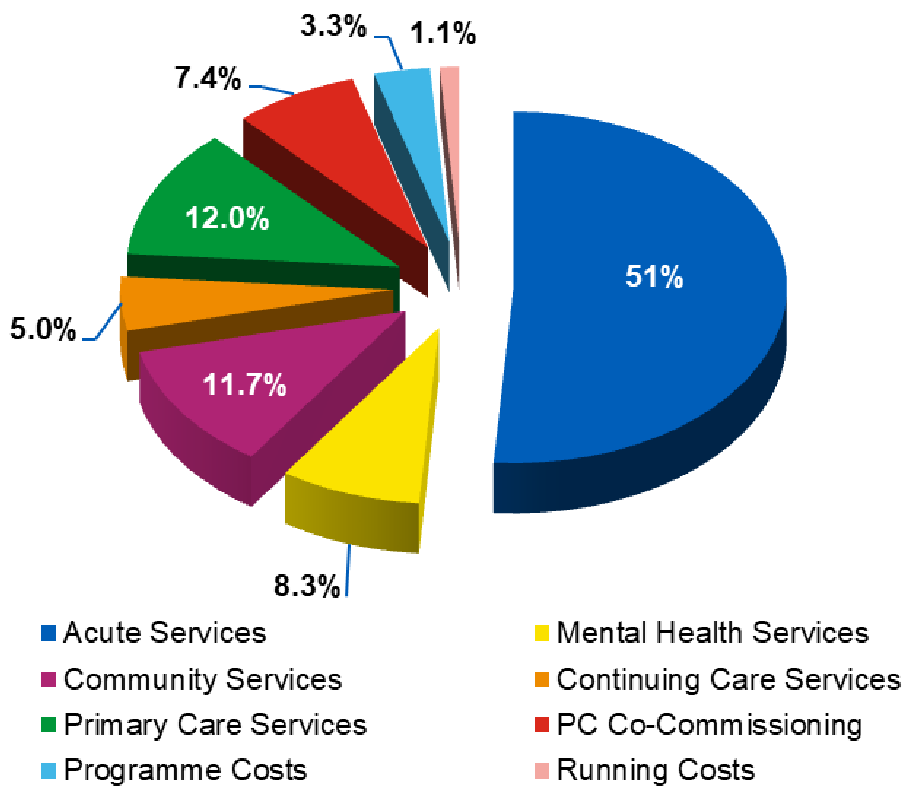
- **Elective care pathways** -- Elective care is planned care. Areas we have looked at include first outpatient appointments (e.g. with a hospital consultant), admissions (e.g. for a day case operation such as cataract surgery, or an in-patient admission for a procedure requiring one or more nights in hospital), follow up appointments and outpatient procedures.
- **Medicines optimisation** - Schemes under this heading aim to ensure that medicines provide the greatest possible benefit to people by encouraging medicines reconciliation, medication review and the use of patient decision aids. Some of these are described on page 49.
- **Continuing healthcare and funded nursing care** - Continuing healthcare (CHC) is a package of care arranged and funded by the NHS for individuals not in hospital and assessed as having a 'primary health need'. NHS funded nursing care is provided by a registered nurse for people who live in a care home. Find out more on page 36.
- **Non elective opportunities** - Non elective care is unplanned care which could be an emergency or urgent intervention. Reducing avoidable emergency admissions improves the quality of life for people with long term and acute conditions for patients and their families as well as reducing pressures on financial resources.
- **Discretionary expenditure** - All other areas of expenditure under our control, like day to day running costs of the CCG.

In the autumn of 2016, we worked with other CCGs and providers in North Merseyside to develop 'Acting as One' arrangements in support of wider sustainable and transformation plans, promoting financial stability and mitigating risks right across the local health economy.

All partners in 'Acting as One' agreed a set of principles for contracting which have been in place over the period 2017-2020. We continue to contract outside of the "Acting as One" arrangements with other providers. Our CCG finance team is a key enabler in supporting business transformation. There is a strong focus on continuous development and training to ensure the team remains 'fit for purpose' as business partners to the CCG and the wider local health economy. During the year the finance team has continued to ensure that the services it provides are of the highest standard. The team are active participants in the North West Skills Development Network and access the resources available through the network to continually develop skills. The team is a Future Focused Finance Accredited Employer at Level 2 and also hold the Finance Skills Development North West - Towards Excellence - Level 2 Accreditation.

Analysis of funding and expenditure

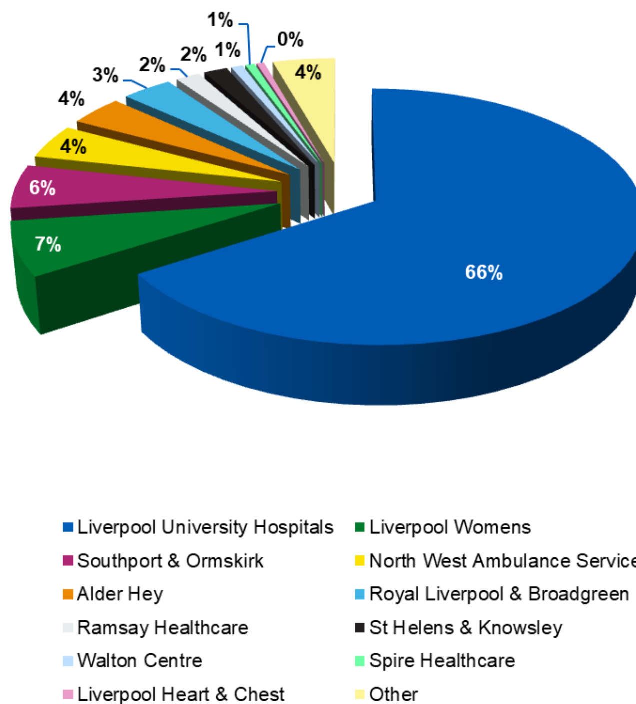
During 2019-2020 we received £282.847 million of parliamentary revenue funding. A breakdown of this funding and how it was used is reported in the table below:



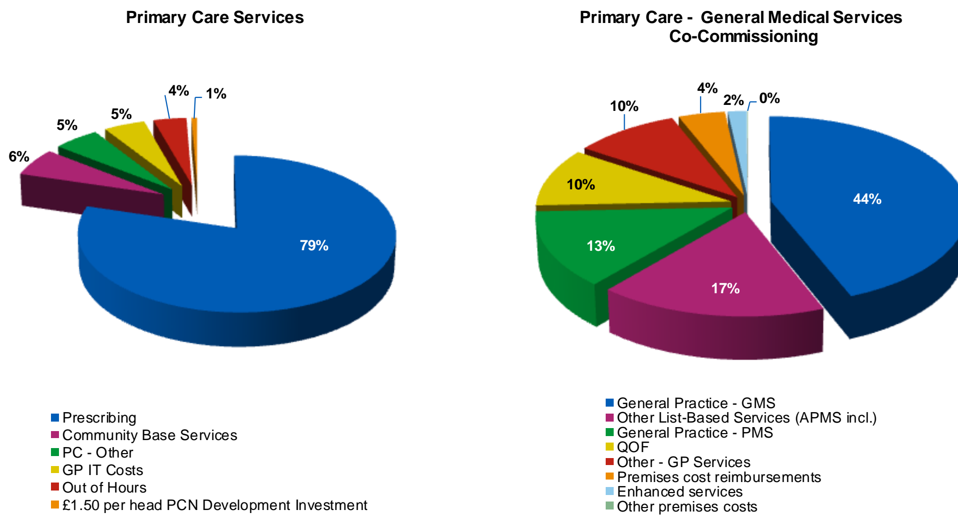
Area	Total Costs (£000s)
Acute Services	149,911
Mental Health Services	24,448
Community Services	34,358
Continuing Care Services	14,526
Primary Care Services	35,044
PC Co-Commissioning	21,620
Programme Costs	9,746
Running Costs	3,344

Our main areas of spend were as follows:

Secondary healthcare – this represents the cost of contracts with hospitals to provide services for our population. This includes accident and emergency, mental illness, general and acute services. Secondary healthcare costs are shown by provider in the following table.



Primary care costs – the majority of this area of spend relates to the costs of drugs prescribed by GPs. Also included are some other services commissioned by GPs and primary care contractors for example, out of hours services and GP IT costs. Also included are the costs associated with GP work carried out on behalf of the CCG. With effect from 1st April 2019 the CCG became responsible for delegated co-commissioning of Primary Care – General Medical Services for the first time. This means that the overall budget for Primary care increased by £22.42m. You can read more about this on page 38

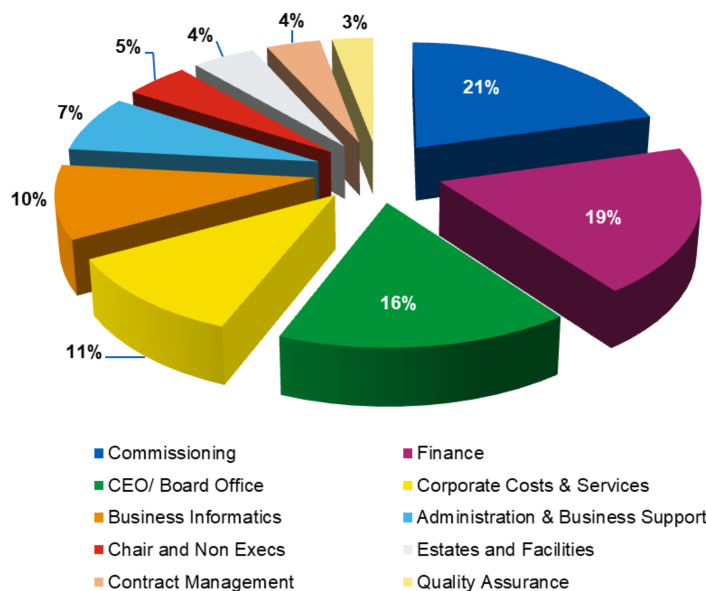


Community Services costs – this relates to the costs of services provided in a community setting for example, district nursing, physiotherapy and community clinics.

Continuing Health Care Services – this is a package of care arranged and funded by the NHS for individuals not in hospital and assessed as having a ‘primary health need’. It also includes long term packages of care for people at home, in nursing homes and residential care.

Programme costs – this category of spend mainly refers to non-acute services such as reablement and other mental health services.

Running costs – these are the costs associated with supporting the process of commissioning the healthcare services we provide.



Better payment practice code

We are committed to dealing fairly and professionally with all of our supplier partners. One way that we do this is by working to the Better Payment Practice Code. It means meeting the target to pay all non-NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

	2019-20		2018-19	
	Number %	Value %	Number %	Value %
NHS Payables	**97.78**	**99.75**	**97.19**	**99.08**
Non NHS Payables	**97.01**	**97.07**	**95.37**	**96.76**

Monitoring and ensuring quality

Our Joint Quality and Performance Committee with NHS Southport and Formby CCG is responsible for monitoring and providing assurance on the quality of the services we commission to ensure that local and national standards are met. The committee is also responsible for promoting a culture of continuous improvement and innovation around safety, clinical effectiveness and patient experience.

To do this, the committee receives and assesses a wide range of data, including the CCG Quality Performance Dashboard and information from the organisations we commission services from. Quality issues identified by the committee are escalated accordingly and are reported in our integrated performance reports [12] and Governing Body papers[13], all available from our website.

Managing and responding to risks

Our Governing Body is provided with assurance from the Joint Quality and Performance Committee that there are structures, systems and processes in place to identify and manage any significant risks that we may face. We continue to identify and manage risks through the corporate risk register which is presented to the Joint Quality and Performance Committee ahead of the Governing Body. This helps us to ensure that local health services meet the highest possible standards of quality and patient safety. It also supports us in meeting our statutory duties as well as helping us to plan for a healthcare system which is robust and capable of dealing with unplanned events.

Here are some of the main risks we identified during 2019-2020:

- The financial pressures currently placed on the health and social care system may impact the quality and safety of care for patients.
- System based learning from serious incidents.
- Non-delivery of Quality Innovation Prevention and Productivity (QIPP) plans or other cost reduction plans resulting in increased financial risk for the CCG.
- Meeting the health requirements for children and young people with special educational and health needs (SEND).

Our Quality Strategy

A drive to secure positive health outcomes for local people and continuously improve the quality of services is at the heart of our work. We have a Quality Strategy 2015-2019[14] that underpins our work and that aligns to the NHS Five Year Forward View. It describes our responsibilities, approach, governance and systems to enable and promote quality across the local health economy as well as providing everyone with the care and compassion they need and enabling

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[12] Integrated performance reports - https://www.southseftonccg.nhs.uk/what-we-do/how-well-our-services-perform/
[13] Governing Body papers - https://www.southseftonccg.nhs.uk/about-us/governing-body/governing-body-meetings/
[14] CCGs Quality Strategy - https://www.southseftonccg.nhs.uk/media/2296/quality-strategy-2015-2019.pdf

their voice to be heard. It supports our commissioning of services to ensure that they are amongst the safest and most effective healthcare provider for every patient. A new Quality Strategy is being developed across the North Mersey area to reflect the changing commissioning and provider landscapes. The dual focus of developing both Quality Assurance and Quality Improvement will continue to be reflected in the strategy

Staff development

We are committed to providing professional development opportunities for our staff. One member of the quality team took up a secondment opportunity with NHS England in 2018 allowing them to gain further experience and expertise and continues in that secondment. There have been two new members of the Quality Team during 2019-20 Deputy Head of Quality and Safety and Programme Manager Quality and Performance.

Supporting primary care professionals

Our quality team and primary care team have initiated work on a number of quality elements in 2019-2020 to support the delivery of primary care across south Sefton. These included the development of processes to manage complaints and incidents across Primary Care. This has been supported by interim Quality in Primary Care posts. The Quality Team also supported Protected Learning Time (PLT) with presentation on incidents across Sefton in year, along with the commissioning of a variety of training and educational courses for GPs, practice nurses and HCAs. We also arranged a number of protected learning time events with a clinical topic pertinent to GPs, nurses and healthcare assistants working in primary care on clinical themes to support primary care working including an event focusing on ‘safeguarding’.

Quality in hospital based care

Our quality team continues to support the delivery of acute care, which includes providing operational support for providers where necessary, specifically when times of increased pressures have been identified. The team also works in collaboration with providers and other stakeholders to ensure any safety concerns are addressed and opportunities for shared learning are acted upon. The Quality Team have supported a number of quality site visits across acute providers to provide reassurance across the system

Learning Disabilities Mortality Review

The Learning Disabilities Mortality Review (LeDeR) programme has been extended nationally, with the ongoing development of local processes to improve the timeliness of reviews being undertaken with engagement from NHS commissioned services. The assistant chief nurse is the ‘local area contact’ and a member of the NHS England Cheshire and Merseyside LeDeR Steering Group. Following a successful bid to NHS England, the CCG has secured non recurrent funding to support the LeDeR programme of £36 k to support performance and sustainability of the programme and improving the health outcome for people with a learning disability. Mersey Care NHS Foundation Trust is supporting the performance and sustainability of the programme and People First are in the process of implementing a number of events across Sefton to increase the awareness and uptake of health screening programmes. NHSE is also supporting the progression of the LeDeR programme and have commissioned North of England Commissioning Support Unit to provide support for back log cases. Learning from LeDeR reviews are reported through to Joint Quality and Performance Committee and Primary Care in Common Committee.

Court of Protection

There have been a number of cases that we have supported through the Court of Protection, working closely with our commissioning support unit, Sefton Council and legal colleagues.

Improving Continuing Healthcare

NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over that is arranged and funded solely by the NHS. In order to receive NHS CHC funding individuals have to be assessed according to a legally prescribed decision making process to determine whether they have a 'primary health need'.

We continue to work with Sefton Council colleagues and Midlands and Lancashire Commissioning Support Unit (CSU) to ensure continuous improvements in relation to decision making processes and patient assessments. Work has been initiated on the development of the end to end CHC pathway.

Serious incidents

From 31 October 2019 NHS Liverpool CCG became the lead commissioner for Liverpool University Hospitals NHS Foundation Trust. As part of closer working with Liverpool CCG, there has been agreement for the management of serious incidents to transfer across to Liverpool CCG. The Quality Team and NHS Liverpool CCG are working to develop the systems, processes and reporting mechanisms.

Special educational needs and disability services

In 2018 / 19 the system was re-inspected to review the progress against the special educational needs and disability services (SEND) inspection that took place in 2017. As a result an improvement notice has been served to support the progress against actions from the initial review. To support this, the CCG has supported the secondment of an interim associate chief nurse for SEND. Formal meetings are in place with the introduction of the SEND health performance improvement group with representation from all health partners. All activity is reported through to the SEND continuous improvement board. Meetings continue to take place between the Department for Education and NHS England with outcomes being reported to the Department of Health. A meeting took place in January 2020, with Department of Education who were satisfied with actions, who will review progress against actions in June 2020. The CCG continues to engage with Sefton Parent Carer Forum.

Safeguarding team

The safeguarding team continue to be at full establishment with the Designated Safeguarding Professionals. There has been a change in posts in year for the Designated Doctor for Safeguarding Children and Designated Doctor for Children in Care. Leadership Team are in the process of reviewing additional capacity for the Designated Doctor and the Named GP Safeguarding Children. There is currently a gap for the Named GP for Safeguarding Adults which has been added to the Primary Care risk register. The safeguarding team have supported a number of re-inspection processes in year and are supporting the recommendations and actions from these. The safeguarding team continue to support the work of the Safeguarding Children Board, Merseyside Safeguarding Adult Board, Corporate Parenting Board and their subgroups, this includes commissioned reviews and dissemination of learning. The Named GP

for Safeguarding Children has established a safeguarding GP leads forum which has been well supported by GP colleagues.

Screening

Our quality team continues to work collaboratively with Public Health England's screening and immunisation and cervical screening teams to support their on-going programmes of work.

South Sefton CCG		
Cervical Cancer Screening	**Actual**	**Target**
Percentage of women aged 25-64 screened (Q2 2019/20)	72.5%	80%
Percentage of women receiving results within 14 days of testing (Q3 2019/20)	73.1%	98%

Commissioning for quality and innovation

Commissioning for Quality and Innovation, or CQUIN was a system introduced in 2009 to make a proportion of healthcare providers' income conditional on demonstrating improvements in quality and innovation in specified areas of care. We have developed a robust process for reviewing evidence submitted by providers to ensure they are achieving the required targets and quality of care for patients is being maintained.

Other work to improve quality and performance

Below are some other examples of our work during the year to ensure the quality and performance of the services we commission remains sustainable into the future.

You will see that all of these schemes have links and interdependencies between our three Shaping Sefton strategic priority areas of primary care, urgent care and care for the most vulnerable.

Improving quality in primary care

South Sefton CCG became delegated on the 1st April 2019 which means that we have delegated authority to commission primary care services from our GP practices on behalf of NHS England. A Primary Care Commissioning Committee in Common is operational to ensure that appropriate primary care services are commissioned to improve the efficiency, effectiveness, economy and quality of services, reduce inequalities and promote the involvement of patients and the public in the development of services.

We felt this was an important step to help us to align our local priorities and improve health.

General Practice Forward View

Published in April 2016 by NHS England the General Practice Forward View (GPFV[15]) sets out a framework of support for primary care so it remains sustainable for the future. Locally, we have carried out a great deal of work in 2019–2020 around the GPFV including:

E-consult

E-consult has now been rolled out across practices in the South Sefton CCG and will enable patients a greater choice when accessing primary care medical services. E-consult will enable paitents to contact their GP practices at any time of day which will provide greater flexibility. This services can be accessed through your GP practice website.

7-Day Access

A 7 day access service providing routine primary care in the evenings and weekends is operational from Litherland Town Hall. Patients can access this service through their GP practice and there are a range of clinicians that they will be able to have access to.

Local Quality Contract

One of the ways we work to improve the quality of primary care is through our Local Quality Contract (LQC), which our member practices can choose to sign up to and that we further developed in 2019-2020.

There are a number of schemes that make up the contract which are intended to achieve quality improvements, efficiencies in spend elsewhere in the health economy, and sustainability of general practice.

One example is a scheme to provide phlebotomy in a primary care setting, providing arrangements for patients who would normally have been supervised through a hospital

[15] https://www.england.nhs.uk/gp/gpfv/

appointment to be monitored by the GP practice. This means that by having blood tests in practice, patients can be better monitored with the aim of better detection of conditions.

Other examples are schemes supporting the provision of physical health checks for patients with a learning disability, and physical health checks for patients with a serious mental health illness.

Primary Care Networks

In April 2019 the PCN DES was introduced to encourage collaborative working and support primary care at scale. Since then South Sefton CCG has three developed networks, with all the practices in their respective networks coming together and supporting one and another in delivering primary care at scale. In South Sefton the primary care networks are currently running several schemes to support patients in the local area. These include utilisation of the pharmacy hub to support with medicine management in practices and they have also worked collaboratively with our voluntary sector organisations to have social prescribing link workers across each PCN to support patients.

More recently for one of our PCN's, the roll out of social prescribing link works to support patients and also to support the growing pressure on general practice.

Urgent care

In the past year there has been a significant focus on how we can support our local residents to understand the range of options available to help them to best manage their health care needs. This is important to ensure that services are accessed appropriately and we make the best use of the resources available in our local community.

We continue to remind residents where to go if they or a family member becomes unwell using a number of methods. We have a list of these on our websites where there is an NHS choices service finder, we also remind people to call NHS 111 or use NHS111 online. In addition, we carried out a lot of work to remind people of the importance of their high street pharmacy in providing expert advice on minor illnesses and ailments to support people in self-care.

In addition the CCG has been working in collaboration with the hospital and community teams to ensure that patients do not have to stay in hospital any longer than needed and that services are in place to support residents into the most appropriate place for their care. The emphasis has been on out of hospital care and effective care planning, particularly for the frail elderly population. The aim is to ensure that patients do not need to go to hospital due to avoidable conditions and that proactive management can keep individuals well for longer, meaning that they have more time spent at home with family and loved ones.

Hospital services, community services, social care and North West ambulance services have been working together to ensure that patients care needs are met at home. The aim of which is to promote independence and self-care.

There are times when individuals need more support to recover or recuperate, the CCG have commissioned more short term placements with rehabilitation provision so that patients can be discharged from hospital earlier or return to independence without needing to be admitted to hospital.

We are committed to improving our out of hospital services further over the next 12 months to ensure that patients can access service at the right time and in the right place. It is important that individuals maintain independence, at home for as long as possible. Examples of this include:

ICRAS

Our Integrated Community Reablement Assessment Services, known as ICRAS was created by the merger of a number of community teams across health and social care. These integrated teams are co-located and have a single point of contact to enable easy access from primary care services and secondary care services.

ICRAS has two main functions. Firstly, it delivers ‘step-up’ services, where people receive their care in more appropriate settings rather than being admitted to hospital. Secondly, its ‘step-down’ care better supports some of our more vulnerable patient’s transition from hospital to home. ICRAS is suitable for patients who have been recently clinically assessed and are at imminent risk of hospital admission without support, but who can wait a maximum of two hours for assessment.

Initial review of ICRAS indicates that the services are being successful in supporting more people in their own homes and avoiding the need for hospital admission. The service also works

closely with NHS Southport and Ormskirk Hospitals NHS Trust to enable people to be discharged safely to the community with the support they need e.g. social care, nursing or therapy. We will continue to develop the range of services which can be incorporated within the ICRAS model in the coming year.

Developing alternatives to transfer to hospital

North West Ambulance Service (NWAS) has been working with Mersey Care NHS Foundation Trust to develop alternative care and treatment options to transfer patients to when they do not need to go to hospital for their condition. There are many examples of where people have called for an ambulance but would benefit from the support of other health or social care services within the community.

This is an example of where we have been able to use our ICRAS service to provide a rapid response with transfer of care from NWAS that allows the person to remain at home. This may involve nursing input, short term care within the home, our community bed facilities, equipment, or timely therapy input.

Hospital discharge and delays in care

Whilst we are developing initiatives to avoid admission to hospital it is also important that we have systems in place to help discharge from hospital take place in a timely way. Work has been ongoing within Aintree University Hospital NHS Foundation Trust to put processes in place to understand patient needs and ensure that our system providers are working together at an early stage to start discharge planning. This includes our community and social care partners linking closely with the hospital’s teams on a daily basis to support patients when they are ready for discharge and free up beds for those who are acutely ill in A&E.

Community services

Community services have a big role to play in our work to transform and future proof urgent care for our residents. As we have set out in our Sefton2gether strategy, good progress has been made during 2019-2020 in providing more appropriate, joined up care as close to people's homes as possible.

Mersey Care NHS Foundation Trust currently provides community services across south Sefton. These services include blood testing, community matrons, district nursing, treatment rooms, foot care, intermediate care, respiratory services, cardiology services and adult diabetes and adult dietetics.

Mersey Care NHS Foundation Trust provides these services to our population to ensure that patients are cared for closer to home.

Our providers build on previous work to improve health and wellbeing of our residents. Work has begun to look at how we can improve and develop these services to better meet the needs of our residents and in line with our Shaping Sefton programme to provide more care closer to home.

This is particularly important given ongoing pressures on our acute services but with the potential to support aspects of this care within community settings.

Mersey Care NHS Foundation Trust is working closely with other organisations such as Liverpool University Hospital Foundation NHS Trust, Sefton Council and the VCF sector, with the aim of delivering seamless care arrangements from hospital to community.

An example of this is the involvement in the Integrated Community Reablement and Assessment Service (ICRAS) within South Sefton CCG.

Podiatry

Working with the Community Services Providers for South Sefton and Southport and Formby CCGs, Mersey Care NHS Foundation Trust and Lancashire and South Cumbria NHS Foundation Trust, the CCGs have co-designed an integrated Podiatry service model which incorporates specialist and core podiatry provision. This supports a consistent offer across Sefton.

Heathwatch Sefton have been involved throughout the review process having also identified the need for the Podiatry service to be responsive to clinical need and enable timely access, following feedback from service users.

The aim has been to ensure that those with the greatest medical and podiatric needs are able to access the service in a timely manner. There was also the requirement to ensure that patients with low podiatric need were able to access the Podiatry service but with a clinical triage and prioritisation process in place which would reflect different level of needs and input required.

The review considered the demographics of the local population and potential need for podiatry e.g. diabetes prevalence, increase in elderly population and long term conditions.

The model has made a significant difference to the quality of service provided to our residents who meet service criteria, in terms of responsiveness and access to the service. Waiting times

have improved for new patients as well as the requirement for capacity for follow up access within an appropriate time frame for needs. There is an important focus in the model on self-care and prevention where appropriate and the clinical teams actively promote this aspect of care within community forums.

Housebound policy has been implemented to ensure patients meet criteria for domiciliary visits or can be seen in clinic to maximise the use of staff time.

The service continues to explore opportunities to improve pathways to acute providers e.g. vascular / orthopaedic services, where required but also develop range of care which could be provided within community.

Falls Prevention

A falls prevention group has been established with key partners across the borough to reduce the number of falls and better co-ordinate care for those after they have fallen. This group reports to both the Integrated Commissioning Group and the Sefton Provider Alliance to ensure a systematic and well supported approach. The group is co-chaired by the CCG and Sefton Council and responds to the recommendations of a review of falls services. Eight key priorities are being progressed led by different system partners. The eight key areas are:-

- Risk factor reduction
- Case Finding
- Risk assessment
- Strength and balance exercise programmes
- Healthy Homes
- High-risk care environments
- Fracture liaison service
- Collaborative care for severe injury

Care for the most vulnerable

During 2019-2020 the CCG continues to support and promote the red bag scheme across all care homes in our south Sefton CCG area. The red bag scheme is a collaborative approach between care homes, hospitals and ambulance staff to support the hospital transfer pathway.

The CCG has supported work across the care homes in conjunction with NHS England in the 'react to red' programme as a means to reduce the development of avoidable pressure ulcers.

The quality team have supported a number of quality site visits to care homes alongside local authority colleagues in year to provide reassurance across the system.

Diabetes

Preventing diabetes

Following the successful launch of the first wave of the 'Healthier You' National Diabetes Prevention Programme (NHSDPP) in Sefton in 2016, preparations are now being made for Wave 5 of the National Diabetes Prevention Programme. There is a steady flow of referrals from GP practices to the service and we are seeing some good results.

Diabetes prevention week

For diabetes prevention week in April 2019 we worked with Diabetes UK to promote the prevention programme. This included promoting the NHSDPP at the Parkrun event in Crosby

Education programme

GP practices are actively referring their patients with type 2 diabetes to the local 'Diabetes and You' programme for those who have been recently been diagnosed with type 2 diabetes and 'Diabetes and More' for those who have previously received structured education. The programmes have gained QISMET accreditation.

The programmes help to give patients who have type 2 diabetes an understanding of how to treat it and the confidence to improve their condition, aiming to reduce the risk of them developing complications.

We were ranked as 'outstanding' in the CCG Improvement and Assessment Framework for 2017-2018, in recognition of the work of our practices and community provider in delivering structured diabetes education.

We have worked with Improving Access to Psychological Therapies (IAPT) services to incorporate "wellbeing" into the structured education programme.

Cancer

Right By You is a Macmillan Cancer Support funded initiative whereby everyone with a cancer diagnosis is offered a supported conversation with a trained professional to identify their holistic needs and a comprehensive care and support plan is developed with referral or signposting to a range of services.to meet the individual's physical, practical, emotional or financial needs.

In summer 2019, Sefton was successful in securing Macmillan funding to become a test site for Right By You. The model aims to build on the success of the previous Holistic Needs Assessment pilot, opening up the service to more people affected by cancer, be they diagnosed recently or in the past.

Right By You will be delivered by Sefton CVS from December 2019 for an initial period of 12 months during which evaluation will take place.

Specialist Palliative Care/End of Life Care Services

South Sefton CCG continues to support Specialist Palliative Care Services and End of Life Care. This helps to support improved patient/family experience, reduced levels of inappropriate emergency admissions and length of stay for patients in the last 12 months of life.

Woodlands Hospice Charitable Trust

Woodlands Hospice provides a variety of services with the aim of delivering specialist palliative care in the patients' Preferred Place of Care (PPC). South Sefton CCG work closely with Woodlands Hospice to support patients with life limiting illnesses, so they can achieve the best possible quality of life at each stage of their illness. Woodlands Hospice supports patients, families and carers within the Hospice setting via their 15 bedded Inpatient Unit and in their Wellbeing and Support Centre. Services within the Wellbeing and Support Centre include Multi Professional Assessment days, group therapies and outpatient clinics for all professions.

Woodlands Hospice also provides services within the community including therapy outreach service, Hospice at Home Service and an End of Life Facilitator working with care homes.

Hospice at Home Service

Hospice at Home offers additional support to patients wishing to stay at home as they approach the end of their life. The service works alongside other existing community services and offers:

- A specialist sitting service
- Accompanied transfer to home
- Crisis intervention/crisis prevention delivered by a Consultant-led medical team

End of Life Care

South Sefton CCG commission and spot purchase end of life beds from St Joseph's hospice, a 29 bedded unit providing end of life care.

St Joseph's is a nurse-led service and provides ongoing support to residents and their families. Clinical activity is supported by their in-house NMP (non-medical prescriber) nurses. The CCG support a visiting GP and a local network of specialist clinical support.

South Sefton continues to work with other providers of end of life care, the aim of which is to improve integration across the workforce, including but not exhaustive:

- Local Authority
- North West Ambulance Service
- Community Providers of end of life care
- Primary Care

- Care Homes
- Hospice's
- Out of Hours Services
- Voluntary organisations

Supporting of QOF QI Modules for Early identification/care at end of life

South Sefton CCG supported Primary Care QOF QI modules. Their End of Life Clinical Lead Dr D Harvey, invited practices to get involved in the EARLY pilot. EARLY is a tool which supports GP's to:

- Identify patients
- Have the conversations about EOL
- Care plan and document
- Consider DNAR
- Register on GSF/ supportive EOL register
- Share the info, ideally digitally

Other important factors to support the above are:

- Public education
- Robust clinical, nursing and domiciliary care including community based urgent care - nursing teams, paramedics
- Integrated and efficient systems overall

❖ 75% of patients can be identified as being in the last 12 months of life - possible 90%
❖ 75% of patients when asked would prefer to die at home

Care Homes

The CCG continues to support care homes to care for their residents via educational sessions and the Six Steps to Success programme for End of Life Care in care homes, accrediting them for achieving organisational change/readiness and individual staff training. The Six Steps to Success programme is delivered by Woodlands Hospice.

The CCG and the Local Authority are also supporting Care Homes via educational sessions to support the health and care of their residents.

In addition a number of workshops have been organised by the CCG, Local Authority and NHS Digital to support care home registering for a NHS net account in readiness for the switch off of fax machines and supporting the confidentiality of sharing resident's details.

Acute Visiting Service (AVS)

South Sefton CCG continues to commission the AVS service, this service is aimed at reducing inappropriate admissions from care homes and supporting primary care. Recently the AVS service has teamed up with North West Ambulance Service (NWAS) to extend the service to seeing the over 65's in their own home where appropriate, as with the care home visits this is aimed at keeping people in their own home.

Mental Health & Learning Disability

We believe in a far more proactive and preventative approach to mental health so as to reduce the long term impact of mental health conditions and dementia. We also believe that improving mental health is just as important as improving physical health and each condition should not be treated in isolation but in a co-ordinated approach which can more effectively deal with the challenges of our ageing population, unacceptable inequalities in health and wide variations in the quality of and access to these services.

The NHS Long Term Plan offers the local NHS in Sefton to opportunity to further develop mental health and Learning Disability services. Improving mental health is just as important as improving physical health and each condition should not be treated in isolation but in a co-ordinated approach which can effectively deal with the needs of our population, unacceptable inequalities in health and wide variations in the quality of access to these services.

Improving Access to Psychological Services

Access Sefton is our local Improving Access to Psychological Therapies (IAPT) service. Residents can contact the service directly or via a health professional for a wide range of psychological therapies for common mental health problems such as anxiety and depression. To enable greater access the service in 2019/20 has expanded its group therapy sessions to complement the one to one counselling that is offered and in addition from November 2019 the service has offered an online therapy option.

Recognising the links that exist between physical and mental health conditions, the service successfully piloted therapists working as part of a multidisciplinary team in primary care so that people with long term conditions can be offered help as part of their overall care. In 2019-2020 approximately 3,000 people accessed the service in south Sefton.

Reducing mental health out of area acute admissions

Our main mental health provider Mersey Care NHS Foundation Trust has continued to make progress in 2019-2020 reducing to zero inappropriate admissions to out of area inpatient services, thereby enabling people to be treated closer to their families and carers.

Early intervention psychosis

Our early intervention psychosis service continue to achieve the two week waiting time standard and good progress has been made in improving access to the NICE recommended interventions which the service offers as part of an overall package of care. Early intervention services provided by dedicated early intervention teams are highly effective in improving peoples' outcomes and reducing future demand on mental health services.

Crisis

Mersey Care NHS Foundation Trust have established Crisis Resolution and Home Treatment service and whilst the service is still in development this will offer an alternative to hospital for those people with mental health conditions who are experiencing crisis.

Mental health and Learning Disability innovation

Early 2019-20 saw the culmination of a joint work pilot that was done with Local Authority colleagues to change the model of supported living for service users with mental health or a learning disability to an Individual Service Fund (ISF) model, whereby an individual or their representative decides how to spend their personal budget to meet their assessed care and support needs and outcomes. The ISF pilot scheme was shortlisted for the prestigious Local Government Award in 2020.

Learning Disability

The CCG as part the Transforming Care Programme continue to reduce the use of inpatient facilities for people with a Learning Disability with service users being better supported to remain in the community. The Intensive Support Team established across Sefton and Liverpool in 2019 is contributing to this reduction.

Medicines Management

Our approach to medicines management (MM) is system wide, working across CCG, Primary Care Networks (PCN) and GP practices allowing us to deliver real improvements to patient safety and care, whilst also identifying significant cost efficiencies.

Unused prescription medicines cost the NHS across Sefton an estimated £2 million a year. In addition, patient safety can be compromised by having large volumes of medication in the home without supervision.

Over the last financial year, our MM team, consisting of pharmacists and technicians, has delivered over 11,926 engagements with south Sefton patients. You can see a breakdown of that activity over twelve months below:

Patient reviews	Care Homes	Virtual Ward	Hub	Total
3,295	**559**	**290**	**7,782**	**11,926**

Medicines Management Hub

The Sefton MM team identified an opportunity to adapt the way they work, providing additional support to GP practices and improved patient care.

A MM 'hub' was planned to deal directly with medication related queries from GPs, PCNs and community pharmacies, such as: supply shortages, local formulary issues and general medicines information enquiries. To provide further support to GP practices it was decided that the hub would also carry out medicines reconciliations for patients discharged from hospital as well as medication reviews for newly registered patients.

A hub pilot project was launched initially to investigate the viability and effectiveness of the service and following successful outcomes, the service was rolled out to all GP practices across Sefton.

The three main aims of the MM hub are to:

- Reduce GP workload – allowing them to utilise the time saved for other work.
- Increase the efficiency and consistency of the medicines management team response to medication queries
- Increase quality of care for patients

Feedback from Sefton GPs, via a survey monkey, about the MM hub service showed that:

- 100% of GP's agreed or strongly agreed that the hub saved them time
- 100% of GP's were satisfied or very satisfied with the hub service overall
- 100% of GP's strongly agreed that the hub service should continue

Interventions made by the MM hub team contribute to improving patient care by reducing hospital discharge medication errors. Communication with patients and carers contribute to improving patient care by ensuring that the patient has the correct medication and understands how to take their medication correctly. Interactions with secondary care colleagues and community pharmacies have helped to develop relationships and promote the role of the CCG MM team as a clinical resource.

Key information and figures:

The MM hub operates from a central location five days a week (9am-1pm) which ensures that all medication queries and hospital discharges are dealt with in a consistent and timely manner thus improving patient care.

- From 1 April 2019 – 31 March 2020 we dealt with a total of 2,961 queries from GP practices in South Sefton
- Community pharmacies had the opportunity to contact the hub via telephone for any medication related queries for patients registered with the GP practices.
- From 1 April 2019 – 31 March 2020 we received a total of 1,640 queries from community pharmacies

Stoma pilot

On 6th November 2019 NHS South Sefton CCG and NHS Southport & Formby CCG GP practices introduced the Sefton Stoma Prescription Ordering Service pilot with the aim of significantly improving the quality of care and support for around 750 stoma patients in the borough.

The Sefton Stoma Prescription Service pilot will make it easy for patients to order all the appliances and products they need. Additionally, the 12 month pilot will give patients access to advice from specialist stoma nurses at the point of prescribing and will work alongside the local community and hospital specialist stoma nurses.

Care at the Chemist

The CCG minor ailment service, Care at the Chemist (CATC), has been available to our patients for a number of years. CATC supports patients to self-care by providing access to treatment and advice for a wide range of everyday illnesses and ailments from a number of local community pharmacies. Pharmacists ordinarily and routinely provide health advice to their customers regardless of CATC but the scheme additionally ensures residents have access to a range of medicines for minor illnesses for which they might otherwise consider a trip to the doctor.

Medicines supplied on CATC are free for anyone who does not pay for their prescriptions. People who do pay are charged the current prescription charge. If the medicine costs less to buy over the counter than the prescription charge, the person will pay the lower rate.

As of 1 April 2020, there were twelve pharmacies offering CATC in south Sefton. A list of participating pharmacies and more information is available on our website[16]

[16] https://www.southseftonccg.nhs.uk/your-health-and-services/care-at-the-chemist/

- From April 2019 - March 2020 – 13,472 Care at the Chemist consultations were carried out in south Sefton.

Self-care medicines policy

NHS South Sefton CCG support and signpost their residents to self-care solutions whenever possible and appropriate. Self-care provides people with the ability to take greater control of their health and wellbeing. It also helps the CCG ensure they only offer treatments through the local NHS that are clinically effective and that provide a clear health benefit to patients.

In line with national guidance the team developed a medicines self-care policy to support prescribers and patients[17]. The CCG policy lists those over the counter medicines that are no longer recommended to be routinely prescribed by GPs, nurses or pharmacists. There are some exceptions included in the policy and our more vulnerable patients are reminded to use the CATC service available in several pharmacies across Sefton.

Adhering to national guidance the team have supported the reduction of over the counter medicines where appropriate and had success in reducing prescribing activity. The team has worked with PCNs and individual GP practices, utilising short videos on social media supported by a press release and leaflets that are displayed in GP practices and pharmacies. Our head of medicines management has also been out to a number of stakeholder and community groups to spread the word about sell-care.

Out and about

Whenever they can members of the MM team get out and about to promote safe medicines advice and to support a range of local events such as the Macmillan's health and wellbeing event, Sefton Council's Senior Road Users event and Sefton OPERA's keep warm keep well event.

The team also regularly engage with community and patient groups. This year the team worked with People First Sefton and NHS England to develop educational resources to support people with learning disability to manage their medicines. The team also works closely with Healthwatch Sefton to ensure patients are kept informed of our work and to gain patient feedback.

[17] https://www.southseftonccg.nhs.uk/media/3114/sefton-medicines-self-care-policy-2018-final.pdf

Going digital

Digital technology is integral to a modern, efficient and responsive health service. Over the last financial year, we have been working closely with our IT delivery partner, NHS Informatics Merseyside (https://www.imerseyside.nhs.uk), to secure investment in digital technology that will improve the way we are able to deliver care whilst enhancing patient experience.

Through investment from NHS England's Estate and Technology Transformation (ETTF) and GPIT programmes and the emerging Digital First workstream, we have been able to work with NHS Informatics Merseyside and our GP practices to optimise the use of existing technologies, introduce a number of new digital patient services as well as invest in our IT infrastructure, in order to ensure we are able to achieve our digital vision for the future.

Our digital vision for the future

Our vision for the future is to be 'digital first' and to engage with our patients and professionals to embrace digital tools that will make a real difference to care quality, efficiency and experience.

To do this, we will continue to work with NHS Informatics Merseyside to identify digital opportunities and to respond to the challenges of the new GP contract and NHS Long Term Plan.

Creating a digital general practice

To help deliver care more effectively, improve communication between our care professionals and provide services that are convenient for our patients, we have begun a number of digital technology projects. You can see examples of how we've created a digital general practice here:

Online consultations (e-Consult)

A new GP online consultation service has been launched and rollout is expected to be complete by 31st March 2020. Patients who submit their symptoms online will get a response typically within one to two working days, which could include advice, direction to other support such as the pharmacy, or be booked in for an appointment if necessary. The service also offers round the clock NHS self-help information, signposting to services, and a symptom checker. For those patients wishing to use the service, in many cases, this will avoid the need to make a visit to the GP practice altogether, saving time and a journey. This tool has proved valuable in supporting GP practices to operate safely during the global COVID-19 pandemic, enabling patients to be treated remotely in a safe manner. eConsult have enabled video consultations and made this available free of charge for 6 months to all practices, as well as enabling NHS App integration, meaning patients using the NHS App will be able to submit an eConsult to their practice .

To date, in south Sefton, there have been 10,452 eConsults submitted, with an estimated total of 6,271 appointments saved in general practice.

GP practice websites

To help improve communication with patients and encourage two way engagement, investment has been secured to provide every GP practice with a new or upgraded practice website if they choose from NHS Informatics Merseyside. These websites can be updated by the practice

quickly and easily and integrated with existing NHS online services. To date, 16 practices have moved to Umbraco websites and this offer continues to be available to practices wishing to move from a third party website to the Umbraco websites.

Express Access' laptops

'Express Access' laptops have been rolled out to our GP practices. These devices give our clinicians access to the information they need wherever they are. They enable secure access to the EMIS web clinical information system whilst on a home visit or off site. NHS Informatics Merseyside will further rollout Express Access laptops during 2019 - 2020. During the initial phases of rollout, 207 devices were deployed to clinicians across Sefton. During the pandemic period, a further 38 devices have been rolled out to enable remote working for additional practice team members including administrative staff groups.

Digital waiting rooms

The waiting room provides patients with their first impression of the GP practice. To help support our GP practices to use this space as a tool for informing, educating and engaging patients, a programme of work has begun to rollout the Envisage GP waiting room TV and call system, as well as an electronic check-in system. These information screens can be used to inform patients about the range of services offered by the practice, such as flu and baby clinics, with the check-in system helping to improve efficiency for both patients and practice staff. A pilot is also currently underway to introduce digital devices in reception areas to allow patients to access online services whilst in the practice.

We have secured funding to roll out a Reception device to each GP practice in Sefton, which will enable support for patients who wish to access online services, and support for practices in signposting patients to other local services, such as third sector support, or local community initiatives.

Digitising Lloyd George records

NHS Informatics Merseyside is currently working with South Sefton CCG to support a number of practices with the digitisation of their Lloyd George patient records

This project will see paper records securely removed from practices, scanned and uploaded directly back into patient records.

This project is a one off exercise for participating practices and will provide a range of benefits including a more holistic view of a patient's history, convenient access to the entire record electronically enabling informed care decisions, as well as freeing up valuable workspace within practices.

9 practices have completed the process in south Sefton, and benefits reported include:

- An average of two hours per week admin time being saved[18]
- A total of 53 sq metres of primary care real estate freed up[19].
- A number of new clinical and admin offices created
- Improved staff welfare space available.

[18] Across Liverpool, South Sefton and Southport & Formby CCGs
[19] Across Liverpool, South Sefton and Southport & Formby CCGs

In addition, we have secured funding to roll out PDF redaction software to practices, which will enable redaction of these records where required, and in turn support online access to records.

'Rightfax'

Following the national directive to ban fax machines in the NHS by March 2020[20] an electronic fax solution is now available which will replace physical fax machines. This service provides a secure in-bound and out-bound fax facility, which provides GP practices with greater flexibility for monitoring and management and allows them to reduce the amount of paper used.

Across south Sefton, 20 practices are either live or mobilising with the solution.

Digital champions

NHS Informatics Merseyside is working with our GP practices to identify a 'Digital Champion' within each practice, who has strong IT skills and is passionate about the use of digital tools to improve care quality and experience. With support from NHS Informatics Merseyside, their role will be to support both their colleagues and patients in the use of the new digital services outlined above.

All practices in south Sefton now have an identified Digital Champion.

Investing in our technical infrastructure

As the beating heart of our health service, our doctors, nurses and wider health care professionals rely on having access to timely and accurate information in order to make informed decisions about care delivery. To enable this to happen, significant investment has been made in our technical infrastructure in order to ensure that this remains fit for purpose and able to fully support the digital tools and systems we have in place.

Wi-Fi

GP practice and patient Wi-Fi has been rolled out to every GP practice using a secure and resilient infrastructure.

Network bandwidth

Bandwidth across our GP practice network has been continually upgraded to keep pace with a rapidly digitised environment and the rapid expansion of online and video consultations.

Each GP practice has had its primary and secondary links upgraded from 10mbs to 30mbs and Datacentre links upgraded to 1GB.

Local Area Network upgrade

New Local Area Network (LAN) switches have been installed in GP practices to help enhance performance, reliability and security.

[20] https://www.gov.uk/government/news/health-and-social-care-secretary-bans-fax-machines-in-nhs

Computer refresh

A programme to review the computers in use across GP practices has now been completed to ensure our entire estate is Windows 10 compliant and continues to comply with all cyber security and general usage standards.

NHS app

The NHS App is now available to all Sefton patients. The App allows patients to access a range of services at home or on a mobile device such as a tablet or mobile phone. Some of the key features of the app include the ability for patients to:

- check symptoms
- find out what to do when you need help urgently
- book and manage appointments at your GP surgery
- order repeat prescriptions
- securely view your GP medical record
- register to be an organ donor
- choose how the NHS uses your data

In addition, eConsult will shortly be rolling out NHS App integration, meaning that patients will be able to initiate an eConsult directly from the NHS App.

Digital optimisation

To ensure our GP practices are getting the most value from their clinical systems and tools, we will work with them to review their processes and to identify any best practice and ways in which technology can be used to improve the efficiency and delivery of care.

To support business continuity during the pandemic, we have rolled out commencement of this programme in full across Sefton, with delivery being via the Informatics Facilitators. The team will focus on the following areas identified as key support requirements:

- eConsult
- Text Messaging
- Websites
- Online Services
- GP2GP

Digital exemplars

We have identified a GP practice and a local GP practice network to become ‘Digital Exemplars’. Their role will be to embrace the use of technology and demonstrate its value to others and to pilot new digital services and emerging technologies.

Being prepared for emergencies

We have a role to play in supporting the management of emergencies such as major incidents, or natural events like flooding and pandemic flu. The latter emergency became real in 2019-2020 given that Covid-19 was declared a global pandemic on 12 March 2020.

The CCG subsequently implemented all national guidance and instigated actions in line with its Business Continuity Plan. This included the setting-up of an Incident Management Team under the leadership of the Chief Officer as Incident Commander. Revised strategic and operational processes have been implemented to ensure robust governance arrangements remain in place.

Our duties are set out in the Civil Contingencies Act 2004, which names CCGs as 'Category 2' responders. This means we are required to share information and cooperate with other agencies in planning for and responding to emergencies should they happen. Like Category 1 responders, such as the Police, Fire Service and Local Authority, we must also produce plans to help us to manage the effects of a disruption and ensure that arrangements are in place for informing and warning the public should this be necessary.

The NHS Core Standards for Emergency Planning, Response and Resilience further requires us to ensure that our service providers have plans in place to respond to and recover from emergencies. We gain operational support in meeting our duties from our Commissioning Support Unit through its Emergency Planning, Response and Resilience Team.

Here are some of the other ways we met our duties in 2019-2020:

- NHS England's EPRR Core Standards 2019 set out the minimum requirements which NHS organisations and providers of NHS funded care must meet to demonstrate their ability to respond to emergencies and be able to continue providing safe patient care. We achieved a 'substantial' rating
- Our Governing Body lay representative Graham Morris held the EPRR portfolio as part of his responsibilities until he stepped down. Alan Sharples now holds this portfolio. He is a regular and active member of our Governing Body and his attendance can be found on page 96.
- We work with CCGs and service providers across Merseyside to ensure the healthcare system can respond to incidents night and day – we have a 24/7 on call system, so service providers and other agencies can contact us round the clock in the event of emergencies
- We have developed business continuity and incident response plans - as well as making sure our own plans are robust, we monitor the plans of our service providers
- Our staff take part in regular training sessions and exercises – so we have the skills and experience to deal with unexpected incidents.

Involving our residents

We are committed to putting the voice of patients and the public at the heart of our commissioning and we believe this is fundamental to achieving better health and wellbeing.

Our patients know the quality of existing health services from first hand experience and the view of our residents can help us to determine what more we need to do to achieve our aims, so services are 'patient centred' and better focused around their local needs.

Our CCG Constitution reflects our commitment and our legal duty under the National Health Service Act 2006 and Social Care Act 2012 to involve our residents in developing and commissioning health services.

Our Communications and Engagement Strategy describes our legal duty to involve in greater detail. It also outlines our principles and approach to involving our residents and the partners we work with.

This section focuses on how we have involved people in our work in 2019-2020 and you can read more examples throughout this report.

Our framework for involvement

We have developed, and continue to develop, structures and processes to ensure that we embed involvement in our daily work.

You can see our framework for involvement in full on our website[21]. The examples below illustrate some of its key elements – reflecting our CCG Constitution and our Communications and Engagement Strategy – and how they have supported and provided assurance in 2019-2020 around our public and patient involvement work:

Our committees and groups

Governing Body - a lay representative dedicated to patient and public involvement sits on our Governing Body, where our most important work is debated and approved. The chair of Healthwatch Sefton is also a member of the Governing Body[22] providing independent representation from patients and residents. We hold bi-monthly Governing Body meetings in public, where residents are invited to hear members discussing and making decisions about our work. Ahead of the start of these formal meetings, there is an opportunity for people to meet some of the doctors and other professionals who make up the committee. They are also welcome to ask any questions or queries they have during this session.

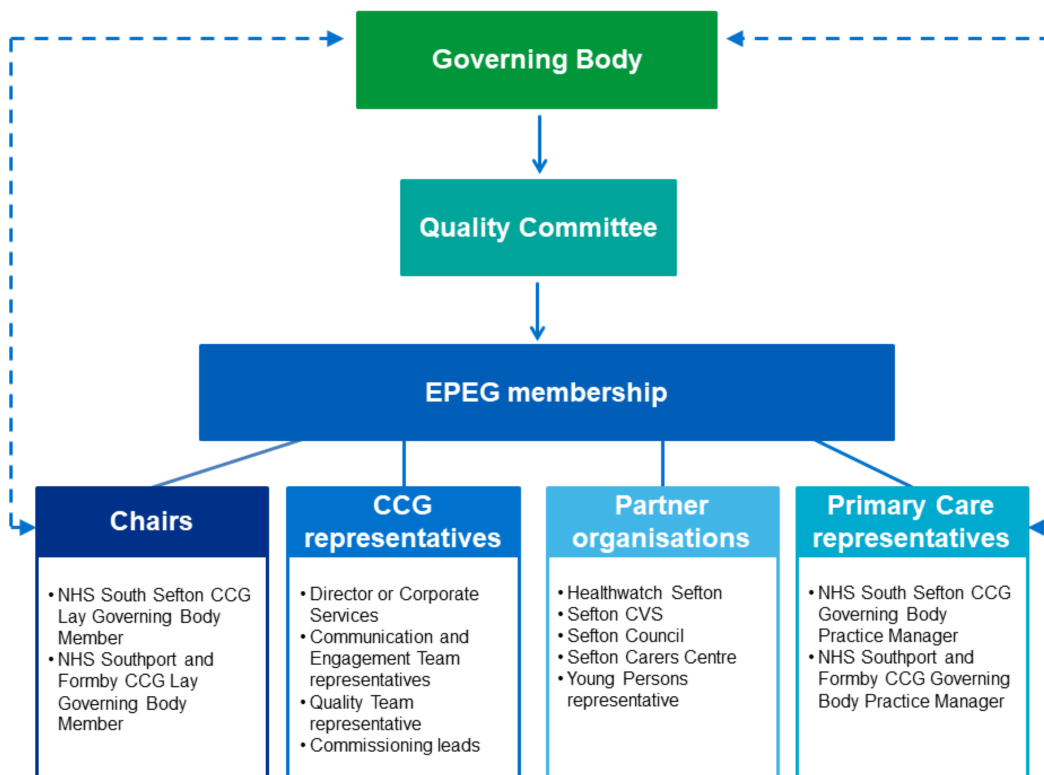
Quality Committee - overseeing patient experience is one of the main responsibilities of this committee and our Quality Strategy describes this. The committee provides our Governing Body with direct assurance of the experience our patients receive from the services we commission, taking action when this falls below what we expect.

EPEG - our engagement and patient experience group, known as EPEG is embedded in the structures and processes that oversee our involvement work and reports directly to our Quality Committee. The group brings us together with patient representatives and key partners from across health and care in Sefton to provide us with assurance and advice about our statutory responsibilities around engagement and consultation. The group also monitors involvement and patient experience in the services we commission. An example of this in 2019-2020 was the escalation to our Joint Quality Committee of poor Friends and Family Test results in a provider trust that led to the introduction of a text messaging facility to dramatically improve response rate.

Other committees - processes and systems for involvement are embedded in some of our most important committees such as our Corporate Governance Support Group that oversees complaints and other insight that informs our involvement work, and our Clinical Advisory Group. The work of these committees and groups is also underpinned by some of our most important strategies, policies and protocols, such as our disinvestment policy and procedures which also contribute to our involvement framework.

You can see how our main committees and groups for overseeing and assuring involvement activities work together in the following diagram.

[21] https://www.southseftonccg.nhs.uk/get-involved/
[22] https://www.southseftonccg.nhs.uk/about-us/governing-body/governing-body-meetings/



External assurance mechanisms

As well as our internal committees, groups, policies and processes there are a number of external committees and forums that provide helpful challenge to help shape our work.

We keep Sefton Council's relevant **Overview and Scrutiny Committees** (OSCs) up to date on our work and any involvement plans we have to change or reconfigure local health services, in line with our responsibilities to them. In 2019 - 2020, our chief officer has continued to attend meetings of the OSC for Adult Social Care and Health to present update reports and more focused presentations. Topics that members of the committee fed into and scrutinised included a focus on our 7 day GP service, a review of hyper acute stroke services and social prescribing developments in our primary care networks.

We are also able test our involvement plans with **Sefton Council's Engagement and Consultation Standard Panel**. This well established partnership forum provides valuable advice and guidance. The panel's local knowledge is particularly useful in helping us to identify groups and contacts that are often difficult to involve in our work, such as those that are homeless and from lesbian, gay, bisexual and transgender (LGBT) communities.

Strategic programmes and service developments or changes

As part of our planning for any strategic transformation programmes, or service developments or changes, we design and carry out specific involvement exercises. These vary in scale depending on the degree of change and the impact of these changes for patients and residents. Stakeholder mapping and equality impact assessments are integral to developing our involvement plans, as well as demographic monitoring of those who take part in our exercises.

Our engagement exercise to inform the development of our 5 year plan for the local NHS, **Sefton2gether** encouraged as many residents as possible to give their views, as well as targeting some of our 'seldom heard' groups of residents. Working with Healthwatch Sefton to collect views also helped us to reach a much wider group of residents than we could do on our own. Our 'stakeholder analysis' and 'equality impact assessment' tools also support this work and you can find more information about the exercise on our website.

The third phase of our **Review of Local Health Policies** took place during the year, which aims to keep NHS care up to date with the latest national clinical guidelines, methods and technology, whilst also making the best use of NHS resources. We reviewed a group of policies for procedures and treatments that are known as Criteria Based Clinical Treatments (CBCT). These are routine procedures that are known to have medical benefit only in very specific situations, or for a small number of people. In this third phase of the review, we focused on and asked for views about continuous glucose monitoring systems, cough assist devices, insulin pumps, secondary care administered peripheral joint injections, surgery for prostatism or lower urinary tract infections and transanal irrigation.

Co-production - working with patient, public or carer representatives

Whenever appropriate, we invite patient, public or carer representatives to get directly involved in our day to day commissioning work, such as taking part in procurement processes or joining our working groups to enable services and programmes to be 'co-produced'.

This year we have continued to work with transgender residents to further develop our **Trans Health Sefton** service, tackling poor outcomes, health inequalities and patient safety issues and this won us a national award in recognition of leading the roll out of this approach across Cheshire and Merseyside through the co-designed 'CMAGIC' pathway[23].

We are working closely with parents of children and young people with **special education needs and disabilities (SEND)** to improve services.

Our work with **Merseyside Society for Deaf People** (MSDP), a local trusted charity, has continued this year to address the well documented gap in access to services for D/deaf patients, particularly in supporting them to make complaints and share their experiences as patients.

Our involvement database

We invite residents who are interested in getting involved or who want to learn more about our work to join our mailing list[24]. In 2019–2020, we have used the system to introduce a new email newsletter to more regularly inform people about opportunities to get involved, including local and national engagement and consultation. Encouragingly, the number of residents and stakeholders interested in getting involved in our work continues to grow.

[23] https://www.southseftonccg.nhs.uk/get-involved/how-we-use-your-views/how-cmagic-was-developed-to-give-trans-people-a-say-in-their-care/
[24] https://www.southseftonccg.nhs.uk/get-involved/join-our-mailing-list/

Our annual review and Big Chat events

Since 2012, we have combined our annual general meetings with our popular 'Big Chat' style engagement events to make these sessions as meaningful as possible for our residents.

At **Big Chat 11** in September 2019, we gave an update on our work to develop a 5 year NHS transformation plan for the borough with our partners in the Sefton Health and Care Partnership Board. Healthwatch Sefton presented the results of a survey carried out with residents about future healthcare that had fed into the early draft of our 5 year plan. Table discussions followed these presentations, where attendees were asked for their views to help finalise our plan – called Sefton2gether. Other topics discussed at Big Chat 11 included self care, with a focus on ear syringing and all the feedback gained at the event is being used to help develop our plans in the year ahead. More information about Big Chat 11 can be found on our website[25].

Feedback from the previous year's **Big Chat 10** in September 2018 was used to inform the ongoing development of our primary care strategy and our 7 day GP service during 2019-2020.

Positive feedback from Big Chat 10 about our health and wellbeing 'marketplace' showcasing a range of local support services encouraged us to expand the number of stallholders at Big Chat 11 and give more time for attendees to browse ahead of the main programme beginning.

Our communication and feedback systems

We use all our communication channels and networks to keep people informed about healthcare developments and provide opportunities to get involved and comment. We also use these channels as part of our approach to feedback the outcomes of our involvement activities.

As well as providing daily updates and news, our website and Twitter account invite people to comment or ask questions. This two way communication is an important way to hear from residents about their experiences and views of local healthcare, and is captured and used in the same way as other feedback we collect.

When we talk to local residents and partners about our work, we often capture some of their views through filmed interviews, which we then share more widely on our websites and through our Twitter[26] and You Tube[27] channels.

This year we widened the information included on our website to better reflect the range of involvement work we carry out and to better promote opportunities for our residents to take part. In addition we reviewed our website to make sure it meets digital accessibility standards.

[25] https://www.southseftonccg.nhs.uk/get-involved/our-big-chat-events/big-chat-11/

[26] https://twitter.com/NHSSSCCG

[27] https://www.youtube.com/channel/UC3zskxhEM5dWeJtypBBmTOA

Working with partners and the community

This year we built on our networks and further developed the close working relationship we enjoy with partners. As well as supporting us to share and cascade information about how people can learn more and have their say on local healthcare developments, we have been using their meetings and groups to undertake more face to face engagement.

Below are some examples of how we have done this in 2019-2020:

Healthwatch Sefton Community Champion events

We have continued this year to collaborate with Healthwatch Sefton to deliver themed 'Community Champion' involvement events. These sessions invite Community Champions – who represent specific Sefton localities and groups – to learn more about specific healthcare topics, such as **podiatry services** and to give views to help shape future health care and plans, like our **Sefton2gether** strategy for transformation.

Working with other groups and forums

We link with our Sefton CVS colleagues to ensure our catalogue of stakeholder groups and contacts is up to date and continues to expand on the number and types of groups that we work with. In particular, this helps us to establish links with our most hard to reach communities, including those representing individuals who are homeless, military veterans and from the gypsy/traveller communities.

We also attend meetings and events organised by our partners to gain views about our current involvement activities or to feedback on how we have used peoples views from previous exercises. This year the meetings and networks we attended included Sefton Older Persons Forum meetings and Sefton Health and Social Care Forum to discuss future health and care and gain views to finalise our 5 year plan, Sefton2gether.

Patient Participation Groups

We have continued to work with Healthwatch Sefton and our local surgeries to develop patient participation groups (PPGs). These groups enable patients to have their say about services at their practice and hear about our wider CCG work. Whenever possible we ask practices to share information and updates with their groups and encourage them to get involved.

During the year we held two events with Healthwatch Sefton to further support practices to enhance their PPGs and to encourage more residents to get involved in their local group. You can read about these events and our work to develop PPGs on our website[28].

[28] https://www.southseftonccg.nhs.uk/get-involved/previous-exercises/

Supporting and developing involvement

As well as inviting and encouraging people to get involved in our work and routinely asking residents and stakeholders about how we can do this better, this year we have also been looking at other ways we can support involvement more widely.

National consultations

Throughout the year, we have supported and promoted several national consultations, encouraging local residents and stakeholders to get involved and share their views. This included a consultation on proposals to help the NHS deliver its Long Term Plan.

Provider and partner developments

This year we have promoted and involved residents and patients in some of our partner and providers' involvement activities including Sefton Council's engagement exercises around the refresh of our joint Health and Wellbeing Strategy and SEND services, along with a series of events where people were invited to share their views on the proposed merger of Aintree University Hospital NHS Foundation Trust and the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

Promoting involvement and training opportunities

We have also been looking at other ways we can support involvement this year*.* This has included promoting becoming an NHS foundation trust member at one of the local NHS provider organisations, becoming a Healthwatch Sefton member or CVS volunteer and joining NHS England's involvement hub which provides information and training to support people to get more actively involved both locally and nationally. As well as our public, we also provide support to our commissioning staff to ensure they are able to build involvement activities into their work. We also provided training for members of our expert Trans patient and community representatives to support their fuller participation on working groups.

How we use the feedback we receive

After each of our involvement exercises has ended, we collate and analyse the feedback we receive and produce a report of the key findings. We share these reports with our public and partners and we use them to inform the development of the services we commission. The insight we gather from the involvement activities we carry out helps us to understand what patients and the public think about local services and our plans for developing or changing them. In particular, it helps us to identify what is working well and if there are any specific areas of patient concern that we need to address as we take plans forward.

In addition, as part of the decision making process about changes to the future provision and delivery of any service, our CCG Governing Body is required to take account of the views of local patients and residents in line with statutory duties[29].

You can find our involvement reports and any updates about how we have used the information to inform service delivery or development on our website, along with reports carried out by our partners that affect our residents[30].

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[29] https://www.england.nhs.uk/participation/involvementguidance/

How we evaluate our involvement work

We assess the effectiveness of our involvement activities in a number of different ways, from external assurance mechanisms, to regularly asking residents about how well we involve them. This year, we received the highest green star rating in the second annual NHS England and Involvement self-assessment process, against community and patient involvement standards.

[30] https://www.southseftonccg.nhs.uk/get-involved/previous-exercises/

Equality, diversity and human rights obligations

Promoting equality is at the heart of our core values, ensuring that we commission services fairly and that no community or group is not involved and engaged in the changes that will be made to health services to meet the challenges the NHS faces, as outlined in the Five Year Forward View and NHS Long Term Plan.

We will continue to work internally, and in partnership with our providers, community and voluntary sector and other key organisations to ensure that we advance equality of opportunity and meet the exacting requirements of the Equality Act 2010.

We facilitate Engagement & Patient Experience Group (EPEG) which has representation from the community to discuss a range of our initiatives. This group strengthens our model for engagement, involvement and consultation, and provides a more robust scrutiny of our work and management of risks.

Due regard to the Equality Act 2010

We are required to pay 'due regard' to the Public Sector Equality Duty (PSED) as defined by the Equality Act 2010. Failure to comply has legal, financial and reputational risks.

The key functions that enable us to make commissioning decisions, and monitor the performance of our providers, must demonstrate (in an auditable manner) that the needs of protected groups have been considered in:

- Commissioning processes
- Consultation and engagement
- Procurement functions
- Contract specifications
- Quality contract and performance schedules
- Governance systems

The Equality Act requires us to meet our Public Sector Equality Duty (PSED) across a range of protected characteristics, including age, gender, race, sexual orientation, religion/belief, marital/civil partnership status and pregnancy/maternity status.

"Due regard" is a legal requirement and means that the decision makers of the CCG has to give *advanced* consideration (consider the equality implications of a proposal before a decision has been made) to issues of 'equality and discrimination' before making any commissioning decision or policy that may affect or impact on people who share protected characteristics. It is vitally important to consider equality implications as an integral part of the work and activities that the CCG does, particularly during these difficult and challenging times.

We continue to carry out Equality Analysis reports – commonly known as Equality Impact Assessments (EIAs). These reports test the proposal and say whether it meets PSED and ultimately complies with the Equality Act 2010. Failure to carry out EIAs would be grounds for Judicial Review and may result in poor outcomes and widen health inequalities.

We are becoming stronger at developing and delivering Equality Analysis reports and linking them to the current change programmes however there is still progress to be made. All staff are

aware of the support mechanisms in place to help them and the organisation to develop and deliver timely and accurate reports.

Equality Delivery Systems 2

We adopted the Equality Delivery System (EDS2) toolkit as its performance toolkit to support the NHS England Assurance process on equality and diversity. We are 'achieving' status across fifteen outcome areas and 'developing' status in three outcomes. Caution should always apply to performance managing equality performance as health inequalities across the north of England are poor and PSED is an anticipatory duty and always applies to us as and when we make commissioning decisions that impact on patients.

The CCG Equality & Inclusion Service (Merseyside CCGs Shared Service is hosted in South Sefton CCG) has led on implementing EDS 2 across the CCG and Merseyside through an innovative and collaborative way. All Merseyside Clinical Commissioning Groups including South Sefton CCG and all the main NHS providers who operate within the sub region have worked collaboratively to implement the toolkit via an integrated approach. Key providers have included Liverpool University Hospitals NHS FT, Mersey Care NHS FT, Liverpool Women's NHS FT, Southport & Ormskirk NHS Trust, North West Boroughs Healthcare NHS FT, Alder hey Children's NHS FT, The Walton Centre NHS FT, Liverpool Heart & Chest Hospital NHS FT and Clatterbridge Cancer Centre.

Equality objectives

The CCG approved their Equality Objectives Plan (2019 to 2023) in April 2019. This was approved by Governing Body in February 2019.
Our equality objectives are to:

- Make fair and transparent commissioning decisions.
- Improve access and outcomes for patients and communities who experience disadvantage.
- Improve the equality performance of our providers through robust monitoring and collaboration.
- Empower and engage our workforce.

Key progress and highlights against our Equality Objectives over the past year include:
Continuing to monitor and drive improvements in Equality and public law compliance across all key NHS providers through the quality contract schedule. Key areas of focus include:

✓ Information standards, including reasonable adjustments are implemented and meet the needs of our disabled community
✓ Decision making across trusts pays 'due regard' to our Public Sector Equality Duty prior to decisions being made
✓ Ensuring specific duties are met

Highlights include

- Improvements across compliance against specific duties, information standards and reasonable adjustments. Progression around NHS Provider compliance to paying 'due regard' to PSED in relation to service change has been incremental and all NHS

Providers are currently RAG rated as red. However processes have improved incrementally over the last year. The CCG will continue to hold their Providers to account over 2020/2021.

- A Standard Operating Procedure and guidance on how to provide Reasonable Adjustments (RA) has been developed by the Collaborative, in close partnership with organisations that represent disabled people. NHS Providers involved in the collaborative will implement the S.O.P over the next year.
- Local Translation and Interpretation Quality Standards to remove variation and poor outcomes for people whose first language is not English or people who communicate via British Sign Language has been developed and are being approved across all NHS providers.
- The unified Transgender pathway developed via the Cheshire Merseyside Gender Identify Collaborative (CMAGIC), which the CCG has supported, will become part of the NHSE specialised commissioning pathway for Gender Identity Clinics from April 2020. The pathway is currently being considered for roll out across the Cheshire & Merseyside Care Partnership.
- NHS South Sefton CCG has adopted a Merseyside wide strategic plan to improve access to health services for D/deaf people across Merseyside and all CCGs and providers are reporting progress regularly via the Equality Collaborative and contract process.
- The Equality service has developed a number of work streams to improve NHS wide understanding of the link between cultural sensitivity/understanding diversity and the impact this has on patient safety and experience. This has included raising awareness to NHS providers and Exec leads at CCG and NHS Provider Contract meetings and via the development of a training tool to support serious incident panels and investigators. This will be rolled out across the CCG in 2020 and then duplicated by all NHS providers who make up the equality Collaborative in the next financial year.
- We continue to work closely with our Black Asian and Minority Ethnic (BAME) community development service and ensure intelligence on poor access and outcomes are addressed locally.

Our staff

We have duties to meet under the Equality Act 2010 in relation to workforce and organisational development. We take positive steps to ensure that our policies deal with equality implications around recruitment and selection, pay and benefits, flexible working hours, training and development, policies around managing employees and protecting employees from harassment, victimisation and discrimination. It is mandatory for all our staff to complete equality training and, in addition, we have a workforce equality plan, which has contributed to us paying due regard to our Workforce Race Equality Standard. Positive action initiatives this year included working across the Equality Collaborative to begin to connect all NHS provider Staff Support Networks and develop a CCG Staff Support offer. The CCG also a part of Cheshire & Merseyside STP EDI Steering Group which has prioritised the following areas:

- Developing a range of programmes to enhance opportunities for staff from BAME and other protected groups
- Utilising Workforce Equality Standards to bring about change and opportunity
- Advising on STP Workforce and Educational strategy programmes

- Reviewing recruitment programmes and promotional strategies to encourage wider involvement from minority communities

Reducing health inequality

Learning Disability Directed Enhanced Service (DES)

A Learning Disability Annual Health Check Direct Enhanced Scheme (DES) is available to GP practices nationally to deliver to their own registered population. The scheme is optional for practices to participate in, and is over and above the GP core contract.

Historic participation in the DES has been low, and in an attempt to increase the number of health checks delivered, the CCG has worked to create a local solution to provide a flexible option for practice participation.

The CCG secured participation from South Sefton Primary Health Care Limited (SSPHC) (South Sefton Federation) to work alongside practices to deliver the DES in a different way, with the aim of increasing the number of health checks delivered.

Trans Health Sefton – a unified approach to gender care

Now in its second year, the 'Trans Health Sefton – a unified approach to gender care' service has gone from strength to strength.

The clinic is the first of its kind and described as a true grass roots initiative. It is now fully operational and already improving access locally. Health inequalities have been reduced and there has been an improvement in patient experience, safety and wellbeing. The service was named a winner in the Healthcare Transformation Awards 2019, which recognise the very best in innovation and improvement across the NHS.

The aim of the service was to achieve an integrated approach to care with primary care providers and ensure close links with local Trans support services and expert centres at a national level which it has been successful in doing across Sefton.

Since the Sefton service opened its doors in April 2017, 80 patients have been seen. Many of these patients have expressed their satisfaction and praised the staff's awareness of trans peoples issues.

Outcomes so far include:

- Improved mental wellbeing
- Reduced travel times to clinics
- Reduced waiting times for appointments

Anthony Griffin, chair of In-Trust Merseyside, who played a key role in the design of the service, said: "*As chair of the local Sefton group In-Trust Merseyside I know that the Trans community are looked after by clinical staff who truly understand the barriers that Trans people face when they engage with the NHS*."

Dr Anna Ferguson runs the service for Sefton and is a local GP with a specialist interest in the field of gender medicine and she has been instrumental in getting this up and running.

The service model developed in Sefton has been shared as an example of good practice with NHS England and a collaborative of interested parties, commissioners, GPs and patients have come together with the aim of rolling out the Sefton service across Cheshire and Merseyside. The collaboration is now formalised and is called Cheshire & Merseyside Gender Identity

Collaborative (CMAGIC) and has been successful in securing funding from NHS England to run a pilot site across Cheshire & Merseyside working with patients on current waiting lists with regional specialist clinics.

Voluntary, Community and Faith (VCF) sector

We commission a range of services from local voluntary, community and faith organisations towards improving wellbeing and addressing health inequalities in Sefton. This supports our priority work in Sefton2gether, our annual operational plan, 'Highway to Health', as well as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy that we work on together with the council.

Below is a list of these services:

Organisation	Description of the service	Priority health areas addressed by services
Sefton Advocacy	Advocacy service for people aged 16+	Advocacy Supporting mental health, older people and Learning Disabilities agendas
Sefton CAB	Mental Health Project.	Advocacy Mental health support Supporting hospital discharges
Imagine	Individual Placement Support Employment Service	Mental health support
Sefton CVS	Children, Young People and Family Lead (Every Child Matters) Health and Wellbeing Development Officer & Support Officer Health & Wellbeing Trainers x 4 (Supporting South Sefton Virtual Ward Programme) Community Development Worker BME Communities	Children and families Wellbeing and reablement Community and housing for people with mental health issues Support for BME communities
Alzheimer's Society	Dementia Community Support Service. Dementia Peer Group Support Service. Improving Public and Professional Awareness Service	Dementia support for patients and their families/carers
SWACA, Sefton Women's and Children's Aid	Women and Children's Aid centre, Child and Adolescent Mental Health	Children and families – Domestic Violence Support
SWAN Centre	Counselling and Listening Service Outreach Service Support Group - Staying Out Project	Women's Mental Health Support
Sefton Age Concern	Befriending and Reablement Service	Older people Health & Wellbeing Support
Expect	Service provided at Bowersdale Resource Centre	Support for people with mental health issues
Sefton Carers Centre	Advocacy for Parent Carers	Children and families

CHART, Crosby Housing Reablement Team,	Crosby Housing Re enablement Team	Wellbeing and reablement
Netherton Feelgood Factory	Health Promotion	Wellbeing and reablement
Parenting 2000	Children and families needing support: special needs, low self-esteem and confidence, emotional issues, drugs and alcohol, domestic abuse, bereavement	Children and families
Stroke Association	Intermediate Care (Carers and advocacy, Communication)	Wellbeing and reablement
Macmillan Cancer Support	Support for people suffering with cancer and their families	Cancer support
Active Ageing	Chair based exercise classes for older people	Falls prevention

Below are some of the highlights and outcomes achieved by these VCF groups in 2019-2020 to improve the health and wellbeing of all our residents.

Age Concern Liverpool and Sefton

The befriending and reablement service promotes older people's social independence via positive health, support and wellbeing to prevent social isolation. Work has taken place with GP practices to support older patients experiencing bereavement, loneliness and benefit issues.

Alzheimer's Society

The society continued to deliver dementia support sessions in GP practices during 2019-20. Pre-arranged sessions are booked and delivered on the basis of need in particular GP practices. The service also provides a Side-by-Side service, which has successfully matched a number of service users with volunteers enjoying a range of activities including dancing, theatre trips, coffee shop trips, shopping and walking. Dementia peer support groups during this year included Singing for the Brain, Active & Involved, reading sessions and memory cafes across the borough. Alzheimer's Society also showcased a memory garden at the Southport Flower Show, over 750 people stopped to have a chat, pick up a leaflet or ask for advice or support.

Citizens Advice Sefton

This service offers various forms of advice to in-patients at Clock View Hospital in Walton. During 2019-20 the majority of support required related to benefits payments (including Universal Credit applications), housing, mobility debt, health and community care, housing, legal, relationships and family, travel and transport issues.

Crosby Housing and Reablement Team (CHART)

During 2019-20 the service has continued to provide supported accommodation for a number of service users and has supported vulnerable people to stay in their current place of residence. The service has significantly contributed towards avoiding hospital admissions and enabled patients to be discharged. In addition to this, the service has prevented a number of vulnerable people across Sefton becoming homeless.

Expect Limited

Expect Limited provides an environment where service users can participate in formal and informal centre based and wider community activities. These activities include helping service users in regaining skills lost due to illness, developing new skills and knowledge, improving social inclusion, gaining independence, having access to more choice and increasing fitness, improving health and safety, financial stability and enjoyment. A variety of structured activities were delivered during 2019-20 including drama, music, comedy workshops, weekly cooking activities, summer parties and groups such as Let's Talk Mental Health, together with outreach support.

Imagine independence

This service supports individuals with mental disorder living in the community. It promotes independence and recovery, providing support to maintain health and wellbeing, reducing admissions to residential, nursing care and in-patient settings. During 2019-20 Imagine Independence assisted service users with completing personal profiles and search for paid employment. A number of service users attended job interviews and managed to secure paid work. The service also supported people in retaining their current employment and liaised with employers on their behalf.

Netherton Feelgood Factory

This service provides a safe space for people with complex mental and social care needs (Upstairs @ 83 offers open access drop-in, one-to-one counselling, group interventions, welfare advice and support). Three paid staff were employed together with a small number of volunteers. Examples of work carried out during 2019-20 include issues relating to domestic violence, family issues, unemployment due to mental health related issues, anxiety and depression.

Parenting 2000

The service provides counselling and support to vulnerable children, young people and families most in need – where deprivation, poverty and emotional wellbeing dramatically affect everyday family life promoting and embedding parenting skills, providing a place where all parents, carers, young people and children can access information, advice and support enabling people to meet the diverse challenges that life presents.

Sefton Advocacy

During 2019-20 the service has provided advocacy for a large number of people across the Sefton footprint ranging from housing, benefits, grants, care home advice, safeguarding and wellbeing. During this year, Sefton Advocacy has helped the CCGs to develop an independent service funding model; this involved supporting individuals to identifying their most suitable

support agency. The service is also supporting IAPT services across the borough. This enables service users to access advice about to benefit applications and suitable housing.

Sefton Carers Centre

The service provides specialist advocacy, peer support, advice and guidance. This includes advocacy for parent carers, younger school age carers and carers of people with dementia. The centre has reported an increase in tribunal cases during this year whilst Universal Credit advice and support has been a key issue for those presenting to the service. A number of volunteers have been recruited to the (non-personal care) sitting service, enabling carers to take a short break. Physical and emotional health and wellbeing has also been provided through counselling and holistic therapies (91% of therapy users reporting this had a marked or significant positive impact on them). The service has also been key in working with the CCGs to deliver Personal Health Budgets.

Sefton Council for Voluntary Service

BME community support worker – this role links with communities in accessing a range of services that impact on health and wellbeing. This helps to improve access and uptake of services including appropriate mental health services such as IAPT. Help is given to service users to access primary care and supporting asylum seekers and refugees with mental health and physical health conditions. The majority of enquiries during 2019-20 were around mental health, legal issues, safeguarding, benefits, finance, debt and general health.

Children, Young People and Families Lead (Every Child Matters) - provided representation on various working groups and partnerships enabling participation of voluntary, community and faith (VCF) sector organisations in decision making, helping identify gaps and needs (including under-represented groups) and developing training opportunities. During 2019-20 the service facilitated a number of network and forum meetings. As part of a restructure, the Children, Young People & Families Lead now has responsibility for more focussed management of VCF capacity building, volunteer co-ordination and collaborative working with both Sefton Council and both CCGs in Sefton.

Health and Wellbeing Trainers - develop pro-active care programmes to encourage better self-care and behavioural change, to relieve anxiety, prevent unnecessary hospital admissions and signpost to other health and social care services.

Sefton Women's And Children's Aid (SWACA)

SWACA provides crisis intervention, early intervention and prevention to overcome the impact of domestic abuse. This includes advocacy, advice, programmes of work, parenting support, legal advice and therapeutic support, plus multi-agency training and VCF partnership working. The service has seen an increased demand identified during 2019-20 Referrals came from various sources. The top three referrers to the service were from the police, self-referrals and children's safeguarding agencies. Other referral sources included adult social care, children's centres, family and friends, housing and VCF organisations.

Stroke Association

The association provides information, advice and support for patients and their families post stroke and is delivered within hospital and community settings alongside a multi-disciplinary team of health and social care professionals. As plans evolve, work is being undertaken to ensure stroke's new priority status is supported by ambitious and deliverable interventions across the whole National Stroke Programme pathway. During this year, it was reported that a significant number of service users accessing the service were under the age of 50 and a number of these patients were assisted in going back to work. Other areas of support included welfare benefits, available financial and emotional support and help for young families. The service also attends weekly discharge planning meetings with the Early Supported Discharge Team. Group meetings held during the period included the communication group, peer support group and Merseyside life after stroke voluntary group.

Swan Women's Centre

The service provides support, information and therapeutic interventions, focusing on women experiencing stress, isolation and mental ill-health. The centre also provides an outreach service, available by professional referral, for women diagnosed with severe mental illness, and those that do not fit the mental illness criteria but who need support. The emotional wellbeing support group offers support to women, via a qualified counsellor with experience of group therapy.

VCF Advisory Group

The CCG provided leadership to establish an advisory group in 2019-2020 so that the sector can influence the transformation of services across Sefton. The group brings together representatives from 17 organisations across the borough, aiming to:

- Ensure the sector is represented across the Sefton Health and Care transformation programme
- Act as the forum for the sector, to enable ideas to be shared and a collective position to be formed
- Ensure the most appropriate expertise and geographical representation is sought from the sector to provide input across the different elements of the transformation programme
- Support the transformation programme to give equal emphasis to health, care and wellbeing services

Membership of the group is from the following organisations:

Sefton Advocacy	Fun 4 Kidz and L30 Community Centre	Healthwatch Sefton
Queenscourt Hospice	Age Concern Liverpool and Sefton	Light 4 Life

Independence initiative	SWAN Centre	Parkhaven Trust
Venus	Crosby Housing Association	Jospice
Sefton OPERA	Sefton Carers Centre	Sefton CVS
SWACA	Netherton Feelgood Factory	

Social prescribing in Sefton

A system-wide social prescribing work stream was established 2019-2020 with leadership provided by the CCG. There is considerable enthusiasm from all partners for this work stream and a particular opportunity for the VCF Advisory Group to facilitate links with our communities, within our localities to develop an approach which really meets local need. The work stream is aiming to:

- Gain a collective understanding of social prescribing and the wide range of activities currently in place within Sefton
- Agree a common strategic approach to its further development (in the context of the developments within the new NHS long term plan and emerging national guidance) which builds on the strength of existing local approaches and is sensitive to the needs of the different communities within Sefton
- Consider key enablers, which may support the implementation of the model
- Develop a collective plan of action to enable the delivery of the agreed approach with partners across Sefton

The group, which includes many partners, including representatives from our new Primary Care Networks (PCNs), supported the development of a collaborative approach to the introduction of the new role of the Social Prescribing Link worker, now established across all our PCNs. In conjunction with the CCGs in Sefton, the PCNs worked with Sefton CVS, Sefton Carers Centre and Brighter Living, to develop the new social prescribing link worker service, which connects to the wider Living Well Sefton, enabling the link workers to draw on a wide range of support across the VCF sector to support local residents.

Working towards a sustainable NHS

As an NHS organisation and as a spender of public funds, we have an obligation to work in a way that has a positive effect on the communities for which we commission and procure healthcare services. Sustainability means spending public money well, the smart and efficient use of natural resources and building healthy, resilient communities. By making the most of social, environmental and economic assets we can improve health both in the immediate and long term even in the context of the rising cost of natural resources.

We acknowledge this responsibility to our patients, local communities and the environment by working hard to minimise our footprint.

Set against a backdrop of increased clinical activity and during a period of transformation, the NHS, public health and social care system has demonstrated significant progress by:

- Reducing carbon emissions by 18.5% between 2007 and 2017
- Reducing the water footprint by 21% between 2010 and 2017
- Ensuring 85% of NHS provider waste is avoiding going directly to landfill

Policies

In order to embed sustainability within our business it is important to explain where in our process and procedures sustainability features.

Area	Is sustainability considered?
Commissioning (environmental)	Yes
Commissioning (social impact)	Yes
Suppliers impact	Yes
Travel and Expenses	No

As an organisation that acknowledges its responsibility towards creating a sustainable future, we help achieve that goal by running awareness campaigns that promote the benefits of sustainability to our staff.

Partnerships

We recognise that as a commissioning organisation rather than a provider of services, most of our carbon footprint derives from commissioning health and care services. As a commissioning and contracting organisation, we will need effective contract mechanisms to deliver our ambitions for sustainable healthcare delivery.

The NHS policy framework already sets the scene for commissioners and providers to operate in a sustainable manner. Crucially for us as a CCG, evidence of this commitment will need to be provided in part through contracting mechanisms.

Our direct resources used through transport, travel and electricity are negligible compared to the resources used through the services we commission, predominantly through our main providers. Our priority therefore is to work in partnership with our main providers to improve their performance and to minimise the harm and maximise the positive gain that can be made to health from the way our providers operate.

Workforce operations

We have a small workforce and a small headquarters, so we are a relatively low carbon emitting organisation. We lease our office in Bootle from NHS Property Services, and we will work with them to provide all the required information about carbon emissions in future years.

As a responsible employer, we encourage our employees to use public transport and the location of our offices in Bootle and Southport is within a short walking distance of main train and bus routes. In addition to this, we offer our employees the opportunity to purchase a bike through the national cycle scheme where the employee can pay through a salary deduction over 12 month period. We also offer a salary sacrifice scheme for low emission and electric cars for employees to consider minimising their impact on the environment.

Accountability report

Our organisational structure helps us to work effectively and commission the best healthcare possible, spending our share of NHS funding wisely. This section gives you more information about our Governing body, member practices and staff. It also details the composition and roles of our most important committees.

Corporate governance report

Members report

Governing Body membership

The table below shows the people who made up our Governing Body in 2019-2020, their roles and the committees they were a part of.

Name	Role	Governing Body PTI	Governing Body PTII	Approvals Committee	Audit Committee	Clinical QIPP Advisory	Finance and Resources Committee	Joint QIPP & Financial Recovery Committee	Joint Quality and Performance Committee	Primary Care Commissioning Committee	Remuneration Committee
Dr Craig Gillespie	Chair & GP Clinical Director	Yes	Yes	X	X	Yes	X	X	X	Non-voting member	X
***Alan Sharples**	Deputy Chair and Lay Member - Governance	Yes	Yes	Chair (Joined in August 2019)	Chair (Joined in August 2019)	X	Chair (Joined in August 2019)	Yes	X	Yes	Chair (Joined in August 2019)
***Graham Morris**	Deputy Chair & Lay Member – Governance	Stepped down June 2019	Stepped down June 2019	Chair (left June 2019)	Chair (left June 2019)	X	Chair (left June 2019)	Stepped down June 2019	X	Stepped down June 2019	Stepped down June 2019
Director (Matthew Ashton) ***or deputy***	Director of Public Health, Sefton MBC *(co-opted)*	Co-opted	X	X	X	X	X	X	X	X	X
Graham Bayliss	Lay member – Patient and Public Engagement	Yes	Yes	Yes	Yes	X	Yes	X	Yes	Yes	Yes

Name	Role	Governing Body PTI	Governing Body PTII	Approvals Committee	Audit Committee	Clinical QIPP Advisory	Finance and Resources Committee	Joint QIPP & Financial Recovery Committee	Joint Quality and Performance Committee	Primary Care Commissioning Committee	Remuneration Committee
Dr Peter Chamberlain	GP Clinical Director	Yes	Yes	X	X	X	Yes	X	X	X	X
***Lynne Creevy**	Practice Manager	Stepped down from September 2019	Stepped down from September 2019	X	X	X	X	X	X	X	X
***Debbie Fagan**	Chief Nurse	Stepped down from May 2019	Stepped down from May 2019	Stepped down from May 2019	X	Stepped down from May 2019	Yes (left committee w.e.f. 23 May 2019 secondment)	Stepped down from May 2019	Stepped down from May 2019	X	X
***Dr Gina Halstead**	GP Clinical Director	Yes	Yes	X	X	X	X	X	yes	X	X
***Dwayne Johnson**	Director of Social Services & Health, Sefton MBC *(co-opted)*	Seconded from May 2019	X	X	X	X	X	X	X	X	X
Director *or deputy*	Director of Social Services & Health, Sefton MBC *(co-opted)*	Co-opted	X	X	X	X	X	X	X	X	X
Maureen Kelly	Healthwatch *(co-opted)*	Co-opted	X	X	X	X	X	X	X	Diane Blair for Healthwatch	X
***Jane Lunt**	Interim Chief Nurse	Appointed Oct 2019	Appointed Oct 2019	Appointed Oct 2019	X	X	X	X	Yes	X	X

Name	Role	Governing Body PTI	Governing Body PTII	Approvals Committee	Audit Committee	Clinical QIPP Advisory	Finance and Resources Committee	Joint QIPP & Financial Recovery Committee	Joint Quality and Performance Committee	Primary Care Commissioning Committee	Remuneration Committee
Martin McDowell	Chief Finance Officer	Yes	Yes	Yes	X	*Yes (deputy)*	Yes	Yes	Yes	Yes	X
***Brendan Prescott**	Registered Nurse	Covered the position until appointment of Jane Lunt	Covered the position until appointment of Jane Lunt	Covered the position until appointment of Jane Lunt	X	Covered the position until appointment of Jane Lunt	X	Covered the position until appointment of Jane Lunt	Covered the position until appointment of Jane Lunt	Covered the position until appointment of Jane Lunt	X
Dr Sunil Sapre	GP Clinical Director	Yes	Yes	X	X	X	Yes	X	X	X	X
Dr Jeff Simmonds	Secondary Care Doctor	Yes	Yes	Yes	Yes	Yes	X	Yes	Yes	X	Yes
Fiona Taylor	Chief Officer	Yes	Yes	Yes	X	Ex officio member	Ex officio member	Yes	Ex officio member	Yes	X
Dr John Wray	GP Clinical Director	Yes	Yes	X	X	X	Yes	X	X	X	X

*Graham Morris: stepped down end of June 2019
*Alan Sharples: appointed new Deputy Chair and Lay Member for Governance August 2019
*Lynne Creevy: resigned position as Practice Manager Member September 2019
*Debbie Fagan: Seconded May 2019. Deputy Chief Nurse covered by Brendan Prescott
* Dr Gina Halstead: Clinical Lead for Quality
*Dwayne Johnson: stepped down May 2019
*Jane Lunt appointed Interim Chief Nurse October 2019
*Brendan Prescott: covered Chief Nurse position until the appointment of Jane Lunt

Conflicts of interest

We have a managing conflicts of interest and gifts and hospitality policy that can be found on our website[31]. To accompany the policy we have a formal register of interests and a register of hospitality and gifts, all of which can be found on our website. All formal meeting agendas commence with a 'declaration of interest' and the chair of the meeting will address any declarations made in accordance with the policy and record any such matters and actions in the formal meeting minutes

Personal data related incidents

Our Joint Quality Committee ensures that any information we hold about our patients' care is held securely and in line with data protection legislation and wider information governance requirements. We report any personal data breaches to the Information Commissioner's Office (ICO). We also report breaches in our information governance annual report that we publish on our website. When breaches do occur, we work hard to strengthen our systems, and our staff carry out regular training to ensure their work complies with national standards and regulations. In 2019-2020 there were no breaches of personal data reported to the ICO.

Modern Slavery Act

We fully support the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the financial year ending 31 March 2019 is published on our website[32].

[31] Find links to these documents here - https://www.southseftonccg.nhs.uk/about-us/our-constitution/
[32] Find our statement here - https://www.southseftonccg.nhs.uk/get-informed/modern-slavery-and-human-trafficking/

Statement of accountable officer's responsibilities

The National Health Service Act 2006 (as amended) states that each clinical commissioning group shall have an accountable officer and that officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed Fiona Taylor to be the accountable officer of NHS South Sefton.

The responsibilities of an accountable officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- The propriety and regularity of the public finances for which the accountable officer is answerable

- For keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the clinical commissioning group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction)

- For safeguarding the clinical commissioning group's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities)

- The relevant responsibilities of accounting officers under Managing Public Money

- Ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section14R of the National Health Service Act 2006 (as amended))

- Ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each CCG to prepare for each financial year financial statements in the form and on the basis set out in the Accounts Direction. The financial statements are prepared on an accruals basis and must give a true and fair view of the state of affairs of the CCG and of its net expenditure, changes in taxpayers' equity and cash flows for the financial year.

In preparing the financial statements, the accountable officer is required to comply with the requirements of the Group Accounting Manual issued by the Department of Health and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis

- Make judgements and estimates on a reasonable basis

- State whether applicable accounting standards as set out in the Group Accounting Manual issued by the Department of Health have been followed, and disclose and explain any material departures in the financial statements

- Prepare the financial statements on a going concern basis

To the best of my knowledge and belief, I have properly discharged the responsibilities set out under the National Health Service Act 2006 (as amended), Managing Public Money and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I also confirm that:

- As far as I am aware, there is no relevant audit information of which the CCG's auditors are unaware, and that as accountable officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG's auditors are aware of that information

- That the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgments required for determining that it is fair, balanced and understandable

Fiona Taylor

Accountable officer

18 June 2020

Governance statement

Introduction and context

NHS South Sefton Clinical Commissioning Group (CCG) is a body corporate established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The CCG's statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG's general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2019, the clinical commissioning group is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the CCG's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my Clinical Commissioning Group Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the CCG as set out in this governance statement.

Governance arrangements and effectiveness

The main function of the Governing Body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.

The CCG is a clinically led membership organisation made up of general practices. Member practices are responsible for determining the governing arrangements for the organisation which are set out its constitution.

The constitution has been developed to reflect and support the objectives and values defined by the CCG and to ensure that all business functions discharged by the CCG are discharged in an open and transparent manner. It has been developed with the member practices and localities.

The CCG operates across the geographical area defined as South Sefton.

The Governing Body comprises a diverse range of skills from executive and lay members and there is a clear division of responsibility between running the Governing Body and running the operational elements of the CCG's business. The chair is responsible for the leadership of the Governing Body and ensures that directors have had access to relevant information to assist

them in the delivery of their duties. The lay members have actively provided scrutiny and challenge at Governing Body and sub-committee level.

Each committee comprises membership and representation from appropriate officers and lay members with sufficient experience and knowledge to support the committees in discharging their duties.

Governing Body meetings have been well attended by members of the senior leadership team and lay members during the year ensuring that the Governing Body has been able to make fully informed decisions to support and deliver the strategic objectives.

Strategic objectives
To progress Sefton2gether as the transformational partnership plan for the place of Sefton that will achieve the outcomes specified in the Sefton Health and Wellbeing Strategy and the NHS Long Term plan ensuring involvement of all stakeholders in our work.
To ensure that the CCG continues to aspire to improve performance and quality across the mandated constitutional measures.
To focus on financial sustainability by implementing the Sefton transformation programme and the CCG's QIPP plan.
To support primary care development through our responsibilities for the commissioning of primary medical services, the development of Primary Care Networks and ensuring there are robust and resilient primary services in the place of Sefton.
To advance integration of in-hospital and community services in support of the CCG locality model of care.
To advance the integration of Health and Social Care through collaborative working and strategic commissioning with Sefton Metropolitan Borough Council, supported by the Health and Wellbeing Board.

The Governing Body is assured of its effectiveness in terms of performance management through the regular corporate performance reports on finance, QIPP, quality and key performance indicators as set out in national guidance.

The CCG comprises membership from the practices in the following table.

Practice name and address	
42 Kingsway Surgery	42 Kingsway, Waterloo, Liverpool, L22 4RQ
Aintree Road Medical Centre	1B Aintree Road, Bootle, Liverpool, L20 9DL
Blundellsands Surgery	1 Warren Road, Blundellsands, Liverpool, L23 6TZ
Bootle Village Surgery	204 Stanley Road, Bootle, Liverpool, L20 3EW
Bridge Road Medical Centre	66-88 Bridge Road, Litherland, Liverpool, L21 6PH
Concept House Surgery	17 Merton Road, Bootle, Liverpool, L20 3BG
Crosby Village Surgery	3 Little Crosby Road, Crosby, Liverpool, L23 2TE
Crossways Practice	168 Liverpool Road, Crosby, Liverpool, L23 0QW
Drs McElroy & Thomson Surgery	15 Sefton Road, Litherland, Liverpool, L21 9HA
Eastview Surgery	81-83 Crosby Road North, Waterloo, Liverpool, L22 4QD
Ford Medical Practice	91-93 Gorsey Lane, Litherland, Liverpool, L21 0DF
Glovers Lane Surgery	Glovers Lane, Netherton, Liverpool, L30 5TA
High Pastures Surgery	138 Liverpool Road North, Maghull, Liverpool, L31 2HW
Hightown Village Surgery	1 St Georges Road, Hightown, Liverpool, L38 3RY
Kingsway Surgery	30 Kingsway, Waterloo, Liverpool, L22 0QW
Litherland Practice	Hatton Hill Road, Litherland, Liverpool, L21 9JN
Liverpool Road Surgery	133 Liverpool Road, Crosby, Liverpool, L23 5TE
Maghull Family Surgery (Dr. Sapre)	Maghull Health Centre, Maghull, Liverpool, L31 0DJ
Maghull Health Centre	Maghull Health Centre, Maghull, Liverpool, L31 0DJ
Maghull Practice	Maghull Health Centre, Maghull, Liverpool, L31 0DJ
Moore Street Medical Centre	77 Moore Street, Bootle, Liverpool, L20 4SE
Netherton Practice	Netherton Health Centre, Magdalen Square, Bootle, Liverpool, L30 5SP

North Park Health Centre	290 Knowsley Road, Bootle, Liverpool, L20 5DQ
Orrell Park Medical Centre	Trinity Church, Orrell Lane, Liverpool, L9 8BU
Park Street Surgery	Park Street, Bootle, Liverpool, L20 3DF
Rawson Road Medical Centre	136-138 Rawson Road, Liverpool, L21 1HP
Seaforth Village Surgery	20 Seaforth Road, Liverpool, L21 3TA
The Strand Medical Centre	272 Marsh Lane, Bootle, Liverpool, L20 5BW
Thornton Practice	Bretlands Road, Thornton, Liverpool, L23 1TQ
Westway Medical Centre	Westway Medical Centre, Maghull, Liverpool, L31 0DJ

In the latest annual improvement and assessment framework (IAF) results (2018-2019) we were rated as 'requires improvement' by NHS England. During the year the CCG continued to develop its leadership capability (clinical and managerial) by investing in dedicated development time. There has been substantial involvement by the CCG in the work of the Cheshire & Merseyside Health and Care Partnership and its programmes. The CCG Accountable Officer is also the Senior Responsible Officer for Sefton "Place" and has led representation and partner involvement with the Health and Care Partnership.

The CCG is able to demonstrate leadership in terms of quality and finance and proactively seeks to engage the public in its work and uses patient feedback to inform the way forward. The outputs of our audits confirm that there are robust governance and accountability arrangements in place and that these are appropriately refreshed to support the new operating environment across Cheshire and Merseyside.

The Governing Body is also assured of its effectiveness via the provider performance reports and compliance with constitutional standards. Further assurances on effectiveness are also provided as part of NHSE IAF quarterly and annual assessment processes.

The Governing Body is supported by a sub-committee structure comprising the committees listed below:-

Joint Quality and Performance Committee

The main functions of the committee are:

- To monitor standards and provide assurance on the quality of commissioned services, by the CCG to ensure that local and national standards are met
- To promote a culture of continuous improvement and innovation with respect to safety, clinical effectiveness and patient experience

The committee's key responsibilities are to:

- Ensure all decision making is consistent with the CCGs' QIPP priorities

- Support the transformation of services in Sefton by providing advice and guidance in respect of the quality and safety of services ensuring that the CCG continues to discharge its statutory responsibilities

- Approve arrangements including supporting policies to minimise clinical risk, maximise patient safety and secure continuous improvement in quality and patient outcomes

- Approve the arrangements for handling complaints

- Approve the CCGs' arrangements for engaging patients and their carers in decisions concerning their healthcare

- Approve arrangements for supporting NHS England in discharging its responsibilities to secure continuous improvement in the quality of general medical services in conjunction with the CCG's Primary Care Commissioning Committee

- Approve and monitor the arrangements in respect of Safeguarding (children and adults)

- Monitor the quality of commissioned services, compliance with Controlled Drugs Regulations 2013

The committee comprises the chief nurse and quality officer, lay members, clinicians and other CCG officers to ensure that the committee is appropriately skilled and resourced to deliver its objectives.

Joint Quality and Performance Committee has been well attended by all CCG officers, lay members and clinicians throughout the year so there has been robust scrutiny and challenge at all times. This has enabled the Joint Quality and Performance Committee to provide robust assurances to the respective Governing Body and to inform the Governing Body of key risk areas.

The committee is supported by a Corporate Governance Support Group, Engagement and Patient Experience Group, Medicines Operational Group and Serious Incident Review Group.

In respect of 2019-2020 key items of note were:

- Provider performance
- Quality surveillance
- Corporate risk registers (detailing specific quality risks)
- Safeguarding assurance
- Chief nurse business update
- Serious incident reports
- SEND improvement notice

Audit Committee

The Codes of Conduct and Accountability, issued in April 1994, set out the requirement for every NHS Board to establish an Audit Committee. That requirement remains in place today and reflects not only established best practice in the private and public sectors, but the constant principle that the existence of an independent audit committee is a central means by which a Governing Body ensures effective internal control arrangements are in place.

In September 2017 the CCG Governing Body in conjunction with NHS Southport and Formby CCG Governing Body agreed to support the proposals for the respective Audit Committees to meet as "committees in common" as a more efficient and effective way of supporting the statutory business of the CCGs. That arrangement came into effect during October 2017 and continued to operate in that way throughout 2019-2020.

A "committees in common" arrangement enables the two committees to meet at the same time in the same place with a shared agenda, however both committees must remain quorate at all times to ensure compliance with the CCGs' constitutions.

The principal functions of the committee are as follows:

- To support the establishment of an effective system of integrated governance, risk management and internal control, across the whole of the CCGs' activities to support the delivery of the CCG's objectives
- To review and approve the arrangements for discharging the CCGs' statutory financial duties
- To review and approve arrangements for the CCGs' standards of Business Conduct including conflicts of interest, the register of interests and codes of conduct
- To ensure that the organisation has policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and to approve such policies

The committee comprises four members of the clinical commissioning group Governing Body:

- Lay member (governance) (chair) and conflict of interest guardian
- Lay member (patient experience & engagement)
- Secondary care doctor

The Audit Committee chair or vice chair and one other member are necessary for quorum purposes. In addition to the committee members, officers from the CCG are also asked to attend the committee as required. This always includes senior representation from finance.

In carrying out the above work, the committee primarily utilises the work of internal audit, external audit and other assurance functions as required.

A number of representatives from external organisations have attended to provide expert opinion and support:

- Audit Manager - MIAA

- Anti-Fraud Specialist - MIAA
- Audit Director - Grant Thornton
- Audit Manager - Grant Thornton

The Audit Committee supports the Governing Body by critically reviewing governance and assurance processes on which the Governing Body places reliance. The work of the Audit Committee is not to manage the process of populating the Governance Assurance Framework or to become involved in the operational development of risk management processes, either at an overall level or for individual risks; these are the responsibility of the Governing Body supported by line management. The role of the Audit Committee is to satisfy itself that these operational processes are being carried out appropriately.

Internal audit

Role - An important principle is that internal audit is an independent and objective appraisal service within an organisation. As such, its role embraces two key areas:

- The provision of an independent opinion to the accountable officer (chief officer), the Governing Body, and to the Audit Committee on the degree to which risk management, control and governance support the achievement of the organisation's agreed objectives
- The provision of an independent and objective consultancy service specifically to help line management improve the organisation's risk management, control and governance arrangements

Internal audit, together with CCG management, prepared a plan of work that was approved by the Audit Committee and progress against that plan has been monitored throughout the year.

During 2019-20, MIAA has reviewed the operations of the CCG. No major issues have been identified. Reports have been provided for all completed reviews and in all cases action plans have been agreed. Actions have or will be implemented and progress against action plans is regularly monitored and reported to the Audit Committee.

An appropriate level of assurance has been provided for all areas reviewed in 2019-2020. This means that there were no areas reported by MIAA where weaknesses in control, or consistent non- compliance with key controls could have resulted in failure to achieve the review objective. All areas reviewed, for which a level of assurance was provided, were given high or substantial assurance rating.

In respect of 2019-2020, key items of note are:

- Annual Governance Statement 2018-2019;
- Annual Accounts 2018–2019;
- Annual report 2018-2019, approved;
- Governing Body Assurance Framework, Corporate Risk Registers and Heat Map.
- Registers of interest, conflicts, sponsorship and procurements.
- Risk Management Strategy

- Primary Care Commissioning – Scheme of Reservation and Delegation.

External audit

Role - The objectives of the external auditors are to review and report on the CCG's financial statements and on its Annual Governance Statement (AGS).

Anti-fraud specialist

Role - The CCG is committed to taking all necessary steps to counter fraud, bribery and corruption. To meet its objectives, it has adopted the four-stage approach developed by the NHS Counter Fraud Authority (CFA).

The NHS CFA unified approach to tackling all crime against the NHS (Tackling Crime against the NHS: A Strategic Approach') is delivered across four key operational areas:

- To ensure that the organisation's strategic governance arrangements have embedded anti-crime measures across all levels
- To inform and involve NHS staff and the public through raising awareness of crime risks against the NHS, and publicising those risks and effects of crime
- Prevent and deter individuals who may be tempted to commit crime against the NHS and ensure that opportunities for crime to occur are minimised
- To detect and investigate crime and hold to account those individuals who have committed crimes by prosecuting and seeking redress

The anti-fraud specialist, together with CCG management, prepared a plan of work that was approved by the Audit Committee and progress against that plan continues to be monitored throughout the year. The Audit Committee approved an updated anti-fraud, bribery and corruption policy in January 2020 and a whistleblowing policy, initially in April 2019 with an updated policy approved in January 2020.

Regular items for review

The Audit Committee follows a work plan approved at the beginning of the year, which includes:

- Losses and special payments
- Outstanding debts
- Financial policies and procedures
- Tender waivers
- Declarations of interest
- Self-assessment of the committee's effectiveness
- Information Governance Toolkit
- Risk registers reviews

In respect of 2019-2020, key items of note are:

- Annual Governance Statement 2018-2019
- Annual Accounts 2018–2019
- Annual report 2018-2019 - approved
- Governing Body Assurance Framework and Corporate Risk Registers
- Registers of interest, conflicts, sponsorship and procurements
- Anti-fraud, bribery and corruption policy – approved April 2019 with an updated version approved January 2020
- Whistleblowing policy – approved January 2020

Remuneration Committee

The committee ensures compliance with statutory requirements and undertook reviews of very senior managers' remuneration to comply with the requirements set out in the NHS Codes of Conduct and Accountability and the Higgs report.

In September 2017 the CCG Governing Body in conjunction with NHS Southport and Formby CCG Governing Body agreed to support the proposals for the respective Remuneration Committees to meet as "committees in common" as a more efficient and effective way of supporting the statutory business of the CCGs. That arrangement came into effect during October 2017 and continued to operate this way during 2019-2020.

A "committees in common" arrangement enables the two committees to meet at the same time in the same place with a shared agenda, however both committees must remain quorate at all times to ensure compliance with the CCGs' constitutions.

During the year, the committee has reviewed the following:

- Annual very senior manager (VSM) salary review
- GP pensions arrangements
- A remuneration framework for clinical commissioners and contractors

Finance and Resource Committee

The committee oversees and monitors financial and workforce development strategies; monitors the annual revenue budget and planned savings; develops and delivers capital investment; is responsible for reviewing financial and workforce risk registers; and financial, workforce and contracting performance.

In respect of 2019-2020, key items of note within the year are:

- Review of financial strategy, financial recovery plan and risk register

- Review CCG operational budgets
- Review and discussion of monthly financial reports
- Review and discussion of key areas of spend e.g. continuing healthcare
- QIPP plan updates
- CSU performance reports
- IT updates
- Estates work programme updates
- Workforce reports
- Prescribing updates
- HR policies - approval

Joint QIPP and Financial Recovery Committee

The principal function of the committee is to monitor progress on the implementation and benefit realisation of the CCGs QIPP plans, providing assurances to the Governing Body that the CCG is on track to achieve its QIPP targets.

Clinical QIPP Advisory Group

This group is responsible for providing clinical advice in respect of the development of all QIPP schemes and makes recommendations to the Joint QIPP Committee. The group is not decision making, but advisory in its capacity.

Primary Care Commissioning Committee

The Committee was established in April 2019 to enable members to make collective decisions on the review, planning and procurement of primary care services in South Sefton under delegated authority from NHS England. The role of the committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. The Committee has a “committees in common” arrangement with NHS Southport and Formby CCG. However, each respective committee remains accountable for decisions pertaining to their relevant CCG.

In respect of 2019-2020, key items of note are:

- Review of primary care finances and risk register
- 7 Day Access Contract
- Primary Care Network updates

Governing Body Members - Committee Attendance 2019 - 2020

South Sefton CCG Governing Body Member Through 2019/20	Governing Body PTI	Governing Body PTII	Approvals Committee	Audit Committee	Clinical QIPP Advisory Group	Finance & Resource Committee	Joint QIPP and Financial Recovery Committee	Joint Quality and Performance Committee	Primary Care Commissioning Committee PTI	Primary Care Commissioning Committee PTII	Remuneration Committee
Dr Craig Gillespie	5/5	7/7	X	X	7/11	X	X	X	8/9	8/9	X
*Graham Morris	2/2	2/2	X	2/2	X	1/1	X	1/1	2/3	2/3	0/0
*Alan Sharples	3/3	5/5	1/1	2/2	X	6/7	X	6/7	5/6	5/6	2/2
Director of Public Health (Matthew Ashton) *or deputy*	4/5	X	X	X	X	X	X	X	X	X	X
Graham Bayliss	4/5	6/7	0/1	4/5	X	6/10	7/10	X	7/9	7/9	1 /2
Dr Peter Chamberlain	4/5	7/7	X	X	X	4/10	X	X	X	X	X
*Lynne Creevy	0/3	0/3	X	X	X	X	X	X	X	X	X
*Debbie Fagan	1/1	1/1	X	X	1/2	1/1	0/2	0/0	X	X	X
Gina Halstead	4/5	5/7	X	X	X	X	7/10	X	X	X	X
*Dwayne Johnson	0/1	X	X	X	X	X	X	X	X	X	X
Maureen Kelly	3/5	X	X	X	X	X	X	X	X (Diane Blair 2/9)	X	X
Director of Social Service and Health *or deputy*	0/4	X	X	X	X	X	X	X	X	X	X
*Jane Lunt	1/2	1 /4	1/1	X	X	X	4/5	X	X	X	X
Martin McDowell	5/5	6/7	1/1	X	9/11 *(deputy)*	9/10	4/10	11/11	5/9	5/9	X
*Brendan Prescott	2/2	2/2	X	X	1/ 3	X	4/5	X	X	X	X
Dr Sunil Sapre	4/5	6/7	X	X	X	9/10	X	X	X	X	X
Dr Jeff Simmonds	4/5	5/7	1/1	4/5	8/11	X	2/10	4/11	X	X	2/2
Fiona Taylor	5/5	7/7	1/1	X	X	Ex Officio	1/10	3/11	3/9	3/9	X
*Dr John Wray	0/5	0/7	X	X	3/11	3/10	X	X	X	X	X

*Graham Morris: stepped down end of June 2019. Remuneration Committee member however no Remuneration Committee meetings held during this time.

*Alan Sharples: appointed new Deputy Chair and Lay Member for Governance August 2019

*Lynne Creevy: resigned position as Practice Manager member September 2019

*Debbie Fagan: Seconded May 2019. Deputy Chief Nurse covered by Brendan Prescott
*Dwayne Johnson: stepped down May 2019
*Jane Lunt appointed Interim Chief Nurse October 2019
*Brendan Prescott: covered Registered Nurse position until the appointment of Jane Lunt
*John Wray: There is a long standing conflicting commitment in relation to the role with NWAS emergency planning.

UK corporate governance code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

Whilst the detailed provisions of the UK Corporate Governance Code are not mandatory for public sector bodies, compliance is considered to be good practice. This Governance Statement is intended to demonstrate the clinical commissioning group's continued aspirations to comply with the principles set out in this code.

Up to the date of this statement the CCG has continued to work towards full compliance with the code.

Discharge of statutory functions

In light of recommendations of the 2013 Harris Review, the clinical commissioning group has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the clinical commissioning group is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the clinical commissioning group's statutory duties.

Risk management arrangements and effectiveness

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an on-going process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- Prevent and deter risks from arising by ensuring there is sufficient resource and capacity to support the CCGs strategy and objectives
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically

The CCG has embedded processes in place to manage risks associated with service development or change. Stakeholder mapping, quality impact and equality impact assessments are integral to developing plans for proposed change and to manage risks which may impact on those affected by change.

Capacity to handle risk

The Governing Body has developed and approved the corporate objectives, and the evaluation of the risks to achieving these objectives are set out in the Governing Body assurance framework which is regularly reviewed and scrutinised by the Leadership Team, Corporate Governance Support Group, Audit Committee and the Governing Body. The Governing Body

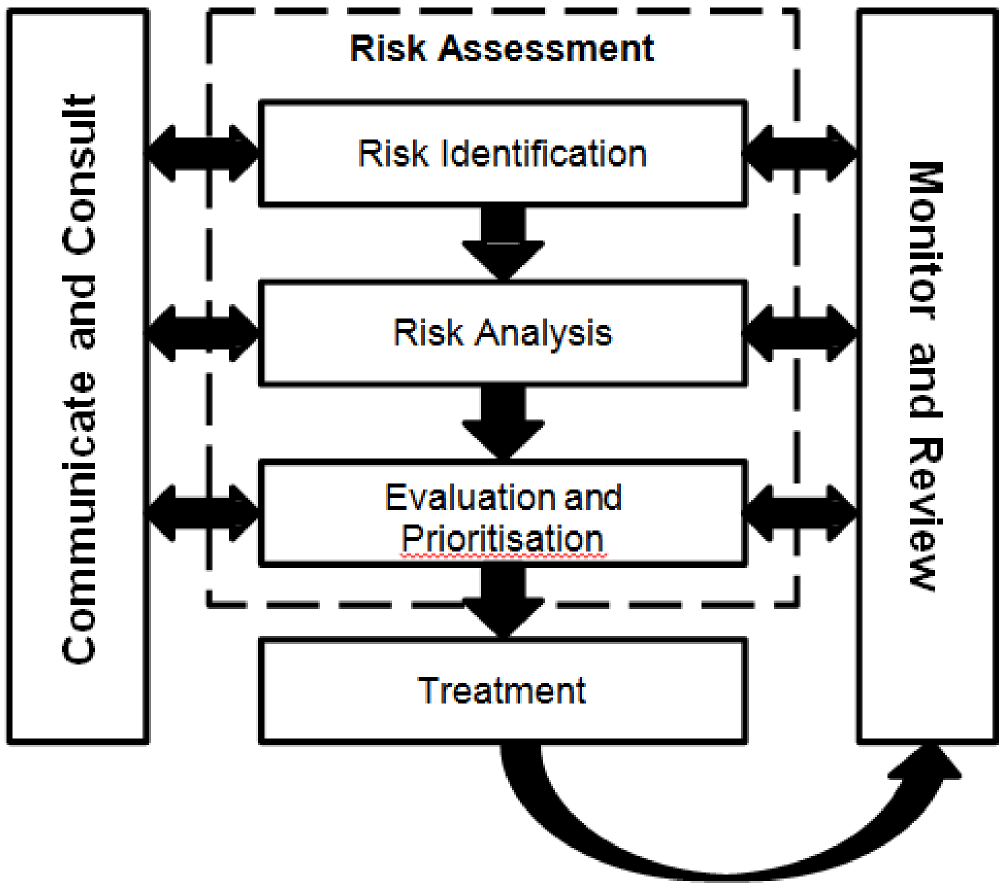
assurance framework is a key document, the purpose of which is to provide the Governing Body with 'reasonable' assurance that internal systems are functioning effectively. It is a high level document that is used to inform and give assurance to the Governing Body that the risks to achieving key objectives are recognised and that controls are in place or being developed to manage these risks.

The senior management team has responsibility for ensuring that all objectives are appropriately resourced to secure delivery and to mitigate risks to delivery arising.

To ensure that there are effective controls in place to deter and prevent fraud the CCG has appointed an anti-fraud specialist (AFS), the service is provided by Mersey Internal Audit Agency (MIAA). The AFS undertakes an approved programme of work with the CCG ensuring that there are appropriate controls and mechanisms in place.

Risk management framework

The CCG has adopted the risk management framework described in the NHS Executives Controls Assurance risk management standard. This draws on the main components of risk strategy, that is risk identification, risk analysis, evaluation and prioritisation and risk treatment.



Risk assessment

Risks are rated, and controls that will address these risks are identified, gaps in control or assurance are noted and action plans to close gaps summarised and updated. Potential and actual sources of assurance are identified and the latter are also rated for the level of assurance provided. A summary of the assurance levels for all assurance framework entries is updated

each quarter and accompanies the full document. The corporate risk register provides the Governing Body with a summary of the principal risks facing the organisation, with a summary of the actions needed and being taken to reduce these risks to an acceptable level. The information contained in the corporate risk register should be sufficient to allow the Governing Body to be involved in prioritising and managing major risks. The risks described in the corporate risk register will be more wide-ranging than those in the Governing Body assurance framework, covering a number of domains.

Where risks to achieving organisational objectives are identified in the corporate risk register these are added to the Governing Body assurance framework; and where gaps in control are identified in the Governing Body assurance framework, these risks are added to the corporate risk register. The two documents thus work together to provide the Governing Body with assurance and action plans on risk management in the organisation. The corporate risk register is updated and presented for review and scrutiny at the same time as the Governing Body assurance framework.

The CCG commissions a range of training programmes which include specific mandatory training for particular staff groups which aims to minimise the risks inherent in their daily work. Information governance, counter fraud, fire, health and safety, equality and diversity and safeguarding training are mandatory training requirements for all staff.

To ensure that there is a mechanism for public stakeholders to assist in the management of risks that impact on the public, the CCG has established an Engagement and Patient Experience Group (EPEG). This group reviews proposals for service change ensuring compliance with the Public Sector Equality Duty and other relevant laws before progressing further with consultation.

The CCG also consults with the Overview and Scrutiny Committee on any proposals potentially impacting on the public so that there is holistic and system wide assessment and mitigation of risks.

Other sources of assurance internal control framework

A system of internal control is the set of processes and procedures in place in the clinical commissioning group to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them, efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk it can therefore only provide reasonable and not absolute assurance of effectiveness.

Annual audit of conflicts of interest management

The statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published an audit framework.

The internal audit plan includes an element of time to facilitate the annual review of conflicts of interest management.

This has been completed as part of the internal audit plan for 2019-2020. The CCG has been assessed as fully compliant in each of the following areas:

- Governance Arrangements
- Declaration of interests and gifts and hospitality
- Register of interests, gifts and contract monitoring
- Reporting concerns and identifying and managing breaches/ non-compliance.

Data quality

Data services are provided by a specialist centre known as “Data Services for Commissioners Regional Offices” (DSCRO). These services are commissioned through Arden & Gem CSU that process and quality assures that data that is received from providers and works with the CCG to challenge providers if inconsistencies are identified. DSCROs are regional processing centres for NHS Digital who are granted powers by the Health and Social Care Act 2012 to lawfully process patient identifiable information.

Midlands and Lancashire CSU is commissioned to provide the CCG with inter alia, performance reports, contract monitoring reports, quality dashboards and other activity and performance data.

The CCG’s business intelligence team also assess the quality of the data provided and ensure that concerns are addressed through the provider information sub group meetings.

These processes provide assurances that the quality of the data upon which the membership and Governing Body rely is robust.

Information Governance

All key information assets have been identified by the asset owners on an information asset register. The data security and confidentiality risks to each asset have been identified and control implemented to mitigate risks.

The risks to the physical information assets are minimal, and pose no significant information governance concern for the CCG.

All inbound and outbound flows of data have been identified through a data flow mapping tool. All data flows are being transferred appropriately.

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by a Data Security and Protection Toolkit (DSPT) (replaces the Information Governance Toolkit) and the annual

submission process provides assurances to the clinical commissioning group, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

We place high importance on ensuring that there are robust information governance systems and processes in place to help protect personal and corporate information. We have established an information governance management framework and have developed information governance policies and procedures in line with the Data Security and Protection Toolkit. We have ensured all staff undertake annual information governance training and have implemented a staff information handbook which contains information to ensure staff awareness of their roles and responsibilities.

The chief finance officer is the CCG's senior information risk owner (SIRO) and the chief nurse and quality officer is the CCG's Caldicott Guardian.

There are processes in place for incident reporting and the investigation of serious incidents. Information risk assessment and management procedures are in place and we continue to work to ensure that a risk culture remains fully embedded throughout the organisation against identified risks.

Business critical models

Officers of the CCG have reviewed the Macpherson report to consider the implications for the CCG. A report was provided to Audit Committee in April 2018 which provided assurance on CCG processes in place for business critical models.

Our business critical models and processes have been identified as risk assurance and risk management, financial and resources control, contracting and procurement processes, policy planning, forecasting and commissioning of health services, quality assurance processes, business management and corporate processes and governance arrangements.

During 2019-2020 internal audit completed reviews of budgetary control and commissioning for quality. They were issued with high and substantial opinions respectively.

Third party assurances

The CCG has delegated arrangements in place with providers external to the CCG for some services. Where the CCG relies on third party providers, assurance is requested to seek assurance on the effectiveness of controls and processes in place. This usually takes the form of service auditor reports.

Pension obligations

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations. Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

A national issue has been identified whereby GP Governing Body and Clinical Lead roles have not been treated correctly for the purposes of pension. These roles were considered to be non-pensionable however following contract review it has come to light that these roles should have been subject to contributions. Current GP Governing Body and Clinical Lead roles now attract pension deductions. The CCG is working with Business Advisors to resolve the historical impact of this issue.

Equality, diversity and human rights obligations

Control measures are in place to ensure that the clinical commissioning group complies with the required public sector equality duty set out in the Equality Act 2010.

Sustainable developments obligations

The CCG will develop plans to assess risks, enhance performance and reduce its impact, including against carbon reduction and climate change adaptation objectives. This includes establishing mechanisms to embed social and environmental sustainability across policy development, business planning and in commissioning. As accountable officer I will ensure the clinical commissioning group complies with its obligations under the Climate Change Act 2008, including the Adaptation Reporting power, and the Public Services (Social Value) Act 2012. Further details of how the CCG meets these obligations are contained in the 'working sustainably' section of the report.

Risk assessment in relation to governance, risk management and internal control

NHS South Sefton CCG has a risk management strategy. The following key elements are contained within the strategy:

- Aims and objectives
- Roles, responsibilities and accountability
- The risk management process – risk identification, risk assessment, risk treatment, monitoring and review, risk prevention
- Risk grading – criteria
- Training and support

We have established a number of mechanisms for identifying and managing risks including risk profiling methodology, incident reporting, complaints and litigation data, and staff concerns or whistleblowing. The CCG whistleblowing policy has been widely communicated across the organisation and the Chief Nurse is the dedicated Freedom to Speak Up Lead.

Risk management and the ensuing development of risk registers is generally achieved using a dual 'top-down' and 'bottom-up' approach to identifying and managing risks. The 'top-down' element has been addressed through the development of a Governing Body assurance framework and corporate risk register identifying strategic high-level risks. These two documents are based on models which have previously been accepted as meeting audit requirements.

The key risk identified during 2019-2020 is:

Risk description	**Key controls and assurances in place**
Financial performance of the CCG	*Mitigations scrutinised included – robust monthly management accounting routines, regular examination of outcomes from our quality innovation, productivity and prevention programme, monthly reporting against targets and restrictions on non-essential spending*

The financial performance risk crystallised during the year given the reported deficit and despite the controls and assurances that were put in place. Overall the CCG is vigilant to the potential risks to the CCG operating licence and maintains a system of strong internal control and risk management. However no organisation can be complacent and the CCG recognises this and has taken steps during the year in a number of key areas to ensure that compliance with the operating licence is maintained and protected.

Effective governance arrangements – as highlighted above the CCG keeps under constant review the governance structures and committees that support the Governing Body in the discharge of its role and responsibilities.

Performance information – during the year the integrated performance report which is presented formally to the Governing Body has been subject to regular review, refinement and further strengthening so as to fully meet the needs and requirements of the Governing Body and provide them with assurance as to compliance with the CCG's licence and statutory duties.

Review of economy, efficiency and effectiveness of the use of resources

The CCG seeks to gain best value through all of its contracting and procurement processes. The CCG has approved a scheme of delegation, prime financial policies and a schedule of financial limits that ensures there are proper controls in respect of expenditure.

The agreed limits for quotation and tendering are detailed in those policies and staff are required to properly assess bids for services in accordance with the policies.

The CCG buys procurement expertise and support from the Midlands and Lancashire CSU and this service is delivered by appropriately trained and accredited individuals.

All newly acquired services are subject to robust assessment to ensure that patients are able to benefit from quality, value for money services.

The Governing Body is informed by its committees on the economic, efficient and effective use of resources and in particular by the Audit Committee and the Finance and Resources Committee that oversees and directs the use of the CCG resources. In doing so Governing Body members benefit from the experience and skills of a strong and competent senior management team, who work within a strong framework of performance management.

Through the CCG's Joint QIPP Committee programmes of work are clinically led by Governing Body members and are evaluated to determine that they represent the best use of available resources. All programmes are supported by designated commissioning leads and a wider project management infrastructure.

All significant investment decisions are subject to a rigorous assessment and prioritisation process that is applied in such a way as to determine the relative effectiveness of the proposal, including the impact upon key strategic outcomes and objectives. Use is also made of data and support from our public health colleagues in the local authority.

Delegation of functions

The CCG had delegated arrangements in place with providers external to the CCG for the following:

- St Helens and Knowsley NHS Trust – payroll processing
- NHS Shared Business Services – provision of transactional finance services
- Midlands and Lancashire Commissioning Support Unit –aspects of Continuing Healthcare (CHC), Individual Funding Requests (IFR) and Funded Nursing Care (FNC) reviews, Business Intelligence, Human Resources and Organisational Development, Medicines Management, Risk Management Corporate Governance and compliance
- Informatics Merseyside that provides our information technology services and support

During 2019-2020 any identified risks associated with delegated arrangements have been monitored through the CCG's governance and risk management processes. The CCG has

monitored risks associated with these activities through periodic evaluation of relevant key performance indicators, regular attendance at local user groups and close partnership working.

Counter fraud arrangements

The CCG complies with the NHS Counter Fraud Authority Standards for Commissioners: Fraud, Bribery and Corruption as found at the following link https://cfa.nhs.uk/counter-fraud-standard

An accredited anti-fraud specialist is contracted via Mersey Internal Audit Agency to provide counter fraud services. The chief finance officer is the CCG executive Governing Body member. The anti-fraud specialist attends Audit Committee meetings, providing formal updates of progress against the annual counter fraud plan and programme of activities. The CCG performs a self-assessment of the NHS Counter Fraud Authority for Commissioners, the results of which are reported to Audit Committee.

Head of internal audit opinion

The purpose of this Head of Internal Audit Opinion is to contribute to the assurances available to the Accountable Officer and the Governing Body which underpin the Governing Body's own assessment of the effectiveness of the organisation's system of internal control. This Opinion will assist the Governing Body in the completion of its Annual Governance Statement (AGS), along with considerations or organisational performance, regulatory compliance, the wider operating environment and health and social care transformation.

This opinion is provided in the context that the CCG like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.

Roles and Responsibilities

The whole Governing Body is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance about the effectiveness of that overall system.

The Annual Governance Statement (AGS) is an annual statement by the Accountable Officer, on behalf of the Governing Body, setting out:

- how the individual responsibilities of the Accountable Officer are discharged with regard to maintaining a sound system of internal control that supports the achievements of policies, aims and objectives
- the purpose of the system of internal control as evidenced by a description of the risk management and review processes, including the Assurance Framework process; and
- the conduct and results of the review of the effectiveness of the system of internal control, including any disclosures of significant control failures together with assurances that actions are or will be taken where appropriate to address issues arising.

The organisation's Assurance Framework should bring together all of the evidence required to support the AGS requirements.

In accordance with Public Sector Internal Audit Standards, the Head of Internal Audit (HoIA) is required to provide an annual opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes (i.e. the organisation's system of internal control). This is achieved through a risk-based plan of work, agreed with management and approved by the Audit Committee, which can provide assurance, subject to the inherent limitations described below. The opinion does not imply that Internal Audit has reviewed all risks and assurances relating to the organisation. The opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led Assurance Framework. As such, it is one component that the Governing Body takes into account in making its AGS.

Opinion

Our opinion is set out as follows:

- Basis for the opinion
- Overall opinion
- Commentary

Basis

The basis for forming our opinion is as follows:

Basis for the Opinion
1. An assessment of the design and operation of the underpinning Assurance Framework and supporting processes.
2. An assessment of the range of individual assurances arising from risk based internal audit assignments that have been reported throughout the period. The assessment taken account of the relative materiality of systems reviewed and management's progress in addressing control weaknesses identified.
3. An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

Overall Opinion

Our overall opinion for the period 1 April 2019 to 31 March 2020 is:

Substantial Assurance can be given that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Commentary

The commentary below provides the context for our opinion and together with the opinion should be read in its entirety.

Our opinion covers the period 1st April 2019 to 31st March 2020 inclusive, and is underpinned by the work conducted through the risk based internal audit plan.

Assurance Framework

The organisation's Assurance Framework is structured to meet the NHS requirements, is visibly used by the Governing Body and clearly reflects the risks discussed by the Governing Body.

Conflicts of Interest

As required by NHS England's Managing Conflicts of Interest: Revised Statutory Guidance for CCGs (June 2017), an audit of conflicts of interest was completed following the prescribed framework issued by NHS England. The following compliance levels were assigned to each scope area:

Scope Area	Compliance Level	RAG rating
1. Governance Arrangements	Fully Compliant	
2. Declarations of interests and gifts and hospitality	Fully Compliant	
3. Register of interests, gifts and hospitality and procurement decisions	Fully Compliant	
4. Decision making processes and contract monitoring	Fully Compliant	
5. Reporting concerns and identifying and managing breaches / non compliance	Fully Compliant	

Primary Medical Care Commissioning and Contracting Arrangements

The Primary Medical Care Commissioning and Contracting Internal Audit Framework for Delegated CCGs was issued in August 2018. NHSE require an internal audit of delegated CCGs primary medical care commissioning arrangements. The purpose of this is to provide information to CCGs that they are discharging NHSE's statutory primary medical care functions effectively, and in turn to provide aggregate assurance to NHSE and facilitate NHSE's engagement with CCGs to support improvement.

The 2019/20 Primary Medical Care Commissioning and Contracting reviews focused upon:

1. **Governance** and provided **Substantial Assurance**

2. **Contract Oversight & Management Functions** and provided **Substantial Assurance**

(Assurance ratings provided as per the NHSE guidance).

Risk Based Reviews We issued	
4 **high** assurance opinions	• Accounts Payable • Accounts Receivable • Treasury Management • Budgetary Control
2 **substantial** assurance opinions:	• General Ledger • Commissioning for Quality
0 **moderate** assurance opinions	N/A
0 **limited** assurance opinions	N/A
0 **no** assurance opinions	N/A
1 briefing note reports (no overall opinion)	• Data Security & Protection Toolkit

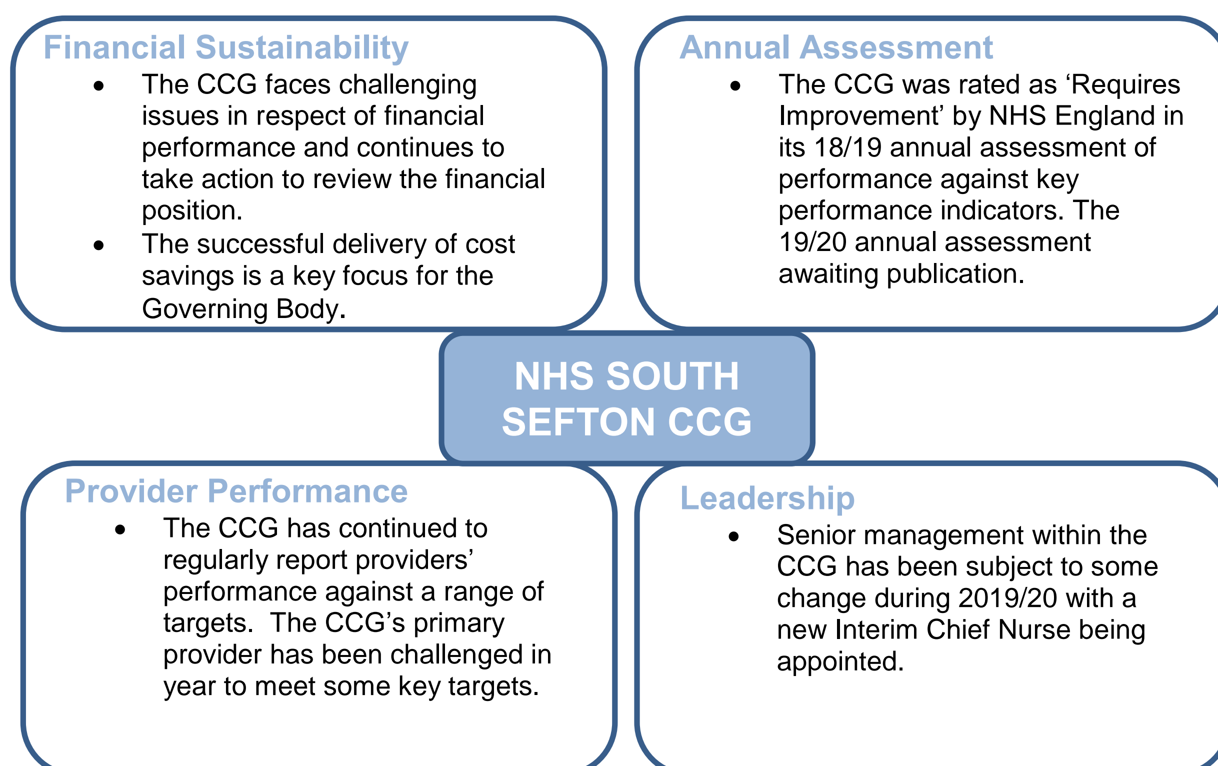
We raised no critical or high risk recommendations in respect of the above assignments.

Follow Up

During the course of the year we have undertaken follow up reviews and can conclude that the organisation has made good progress with regards to the implementation of recommendations. We will continue to track and follow up outstanding actions.

Wider organisation context

This opinion is provided in the context that the Governing Body like other organisations across the NHS is facing a number of challenging issues and wider organisational factors.



The CCG is part of the Cheshire & Merseyside Health and Care Partnership, working in partnership to deliver transformation across the region.

In providing this opinion I can confirm continued compliance with the definition of internal audit (as set out in your Internal Audit Charter), code of ethics and professional standards. I also confirm organisational independence of the audit activity and that this has been free from interference in respect of scoping, delivery and reporting.

Steve Connor

Managing Director, MIAA
March 2020

Internal Audit Reports issued in 2019-2020

Review	Assurance Opinion	Recommendations Raised				
		Critical	High	Medium	Low	Total
Assurance Framework	N/A	-	-	-	-	-
Conflicts of Interest	N/A	-	-	-	-	-
Primary Medical Care C&C: Governance	Substantial – per NHSE	-	-	1	2	3
Primary Medical Care C&C: Oversight	Substantial – per NHSE	-	-	2	1	3
Accounts Payable	High	-	-	-	-	-
Accounts Receivable	High	-	-	-	-	-
Treasury Management	High	-	-	-	-	-
Budgetary Control	High	-	-	-	-	-
General Ledger	Substantial	-	-	1	-	1
Commissioning for Quality	Substantial	-	-	3	1	4
Data Security & Protection	Substantial	-	-	-	-	-
TOTAL		**-**	**-**	**7**	**4**	**11**

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the clinical commissioning group who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports. Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the clinical commissioning group achieving its principal objectives have been reviewed.

I have been advised on the implications of the result of this review by the Governing Body, the Audit Committee, Joint Quality Committee and the Finance and Resources Committee. If appropriate a plan to address weaknesses and ensure continuous improvement of systems has been put in place.

The Governing Body received the minutes of all committees including the Audit Committee, Joint Quality Committee, Finance and Resources Committee, and Joint QIPP and Financial Recovery Committee. The Joint Quality Committee approves relevant policies following review and assessment by the Corporate Governance Support Group and the Audit Committee monitors action plans arising from internal audit reviews.

Internal audit is a key component of internal control. The Audit Committee approves the internal audit plan, and progress against this plan is reported to each meeting of the committee. The individual reviews carried out throughout the year assist the head of internal audit to form his opinion, which in turn feeds the assurance process.

Conclusion

No significant internal control issues have been identified. This is confirmed by the head of internal audit opinion and also by the internal reviews that have provided the CCG with high or substantial assurance on the arrangements in place. The report of the head of internal audit is attached to this governance statement.

Fiona Taylor

Accountable officer

18 June 2020

Remuneration report

Introduction

Section 234B and Schedule 7A of The Companies Act, as interpreted for the public sector in the General Accounting Manual, requires NHS bodies to prepare a Remuneration Report containing information about directors' remuneration.

In the NHS, the report is prepared in respect of the Senior Managers of the NHS body. 'Senior Managers' are defined as: 'those persons in senior positions having authority or responsibility for directing or controlling major activities of the NHS body. This means those who influence the decisions of the Clinical Commissioning Group as a whole, rather than the decisions of individual directorates or departments.' For the purposes of this report, this includes the CCG's Governing Body members.

Remuneration Committee

The terms of reference for the Remuneration Committee are approved by the Governing Body and contained within the CCG Constitution. The Constitution also sets out membership of the Remuneration Committee and is available on the CCG website.

The CCG Remuneration Committee membership is made up Governing Body members from NHS South Sefton CCG and NHS Southport & Formby CCG. The committee is a joint Remuneration Committee due to the shared management relationship between the two CCGs.

Name	Title		December 2019	March 2020
NHS Southport & Formby CCG				
Helen Nichols	Chair and Governing Body Lay Member		✓	✓
Gill Brown	Governing Body Lay Member (left CCG in Nov 2019)		×	×
Dil Daly	Governing Body Lay Member (joined CCG in Dec 2019)		✓	✓
Dr Kati Scholtz	GP Clinical Director		✓	✓
Dr Jeff Simmonds	Secondary Care Doctor		✓	✓
NHS South Sefton CCG				
Graham Morris	Chair and Governing Body Lay Member (left CCG in Jun 2019)		×	×
Alan Sharples	Chair and Governing Body Lay Member (joined CCG in Aug 2019)		✓	✓
Graham Bayliss	Governing Body Lay Member		✓	✓
Dr Jeff Simmonds	Secondary Care Doctor		✓	✓

Policy on remuneration of senior managers

Since the creation of CCGs there has been no mandated guidance on a standardised approach to senior manager remuneration for Clinical Commissioning Groups and as such the CCG continues to use the report commissioned by the Hay Group to provide guidance on the appropriate level of remuneration for Governing Body members and senior executives.

NHS England's Guidance (Remuneration guidance for Chief Officers (where the senior manager also undertakes the Chief Officer role and Chief Finance Officers) continues to be used as a reference for the remuneration of the Chief Officer and Chief Finance Officer roles within the CCG.

Both NHS England and the Hay Group guidance reviewed the pay and employment conditions of other employees in order to determine the framework for senior manager's remuneration. The terms and conditions of service for all NHS staff, except very senior managers (VSMs) are nationally agreed by the NHS Staff Council. These terms and conditions include, pay and allowances; terms of employment such as leave and hours of working; the process for ensuring effective employee relations; and regulations with regard to equality and diversity.

The performance of all senior managers is measured and assessed using our personal development review process which is also extended to all employees throughout the organisation.

Pensions

NHS staff pensions are covered separately under the NHS rules on superannuation; `however, individuals who are employed by the NHS automatically become a member of the NHS Pension Scheme. Membership is voluntary and individuals can currently opt not to join and leave the scheme at any time.

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, i.e. a defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the clinical commissioning group is taken as equal to the contributions payable to the scheme for the accounting period. Further information with regard to pension benefits can be found on the NHS Pensions website at www.nhsba.nhs.uk/pensions.

In respect of early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

The accounting policy relating to pension costs is described in the Notes on pages 140 to 173 of the Financial Statements and pension liabilities existing at 31 March 2020 are disclosed within the Statement of Financial Position under other payables.

Under the Pensions Act 2008, every employer in the UK must put certain staff into a pension scheme and contribute towards it. This is known as ‘automatic enrolment’. In addition to the NHS Pension Scheme detailed above, the CCG operates a National Employment Savings Trust (NEST) pension scheme as an alternative qualifying scheme. The CCG has worked with the outsourced payroll provider throughout 2019-20 to ensure compliance with all legal duties.

A national issue has been identified whereby GP Governing Body and Clinical Lead roles have not been treated correctly for the purposes of pension. These roles were considered to be non-pensionable however following contract review it has come to light that these roles should have been subject to contributions. Current GP Governing Body and Clinical Lead roles now attract pension deductions. The CCG is working with Business Advisors to resolve the historical impact of this issue.

Employer pension contributions have increased from 14.38% to 20.68% for the 2019-20 financial year. CCGs are required to separately account for employer contributions paid on their behalf by NHS England on a gross basis. The contributions paid on behalf of NHS South Sefton CCG has been accounted for as notional funding for commissioners.

Policy on senior manager's service contracts

Senior Managers (Officers) hold permanent contracts of employment and are subject to a six month notice period. Governing Body members, excluding Chief Officer, Chief Finance Officer and Chief Nurse, are Office Holders.

All other members of staff are covered by Agenda for Change contracts of employment with contractual entitlements in line with the national NHS Terms and Conditions of Service as negotiated by the NHS Staff Council.

Contracts are compliant with both UK and EU legislation and approved by the CCG's Remuneration Committee. Any future amendments to these contracts or the remuneration associated with them are reviewed by the Remuneration Committee and recommended to the Governing Body for approval on an annual basis. Where required the Committee has access to professional advice from the MLCSU HR team and CCG legal advisers, Hill Dickinson LLP.

The CCG does not have any very senior managers paid in excess of £150,000 per annum.

Senior manager remuneration subject to audit

The table below sets out the salaries and allowances we have paid, or that are payable to our senior managers in 2019-2020:

Name	Title	Salary (Bands of £5,000)	Expense payments (taxable) (Rounded to the nearest £100) £	Performance pay and bonuses (Bands of £5,000)	Long term performance pay and bonuses (Bands of £5,000)	All pension relates benefits (Bands of £2,500)	2019/20 (Bands of £5,000)	2018/19 (Bands of £5,000)
Taylor FL	Chief Officer	65 - 70	2,300	-	-	7.5 - 10	75 - 80	70 - 75
McDowell M	Chief Finance Officer / Deputy Chief Officer	50 - 55	2,300	-	-	7.5 - 10	60 - 65	60 - 65
Fagan DC***	Chief Nurse	5 - 10	-	-	-	0 - 2.5	5 - 10	55 - 60
Lunt J***	Interim Chief Nurse	15 - 20	-	-	-	0 - 2.5	15 - 20	0 - 0
Mimnagh A*	Chair	0 - 5	-	-	-	-	0 - 5	10 - 15
Gillespie C	Chair & GP Clinical Director	30 - 35	-	-	-	-	30 -35	20 - 25
Wray J**	Clinical Vice Chair & GP Clinical Director	45 - 50	-	-	-	-	45 - 50	45 - 50
Sinha R*	GP Clinical Director	0 - 5	-	-	-	-	0 - 5	15 - 20
Chamberlain PJ**	GP Clinical Director	50 - 55	-	-	-	-	50 - 55	50 - 55
Sapre S	GP Clinical Director	15 - 20	-	-	-	-	15 - 20	15 - 20
Halstead G**	GP Clinical Director	35 - 40	-	-	-	-	35 - 40	30 - 35
Simmonds J	Secondary Care Doctor	10 - 15	-	-	-	-	10 - 15	10 - 15
Morris GL	Deputy Chair & Lay member - Governance	0 - 5	-	-	-	-	0 - 5	10 - 15
Sharples A	Deputy Chair & Lay member - Governance	5 - 10	-	-	-	-	5 - 10	0 - 0
Bayliss G	Lay member - Engagement and Patient Exerience	5 - 10	-	-	-	-	5 - 10	5 - 10
Creevy L	Practice Manager	0 - 5	-	-	-	-	0 - 5	0 - 5

**These members ceased tenure and have been included for reference to prior year figures.*

*** Total paid in 2018/19 and 2019/20 includes payments for additional clinical roles and duties performed by members.*

**** The Chief Nurse vacated post on 13 May 2019. The Interim Chief Nurse was appointed on 1 October 2019*

Payments reflect the role in carrying out Governing Body duties. In addition, payments were made to the individuals highlighted to reflect the additional clinical roles and duties performed by GP Governing Body members.

We have a joint management arrangement with neighbouring NHS Southport & Formby CCG. The chief officer (Fiona Taylor) and chief finance officer (Martin McDowell) receive remuneration for undertaking these roles for both CCGs. Their total banded remuneration from these roles is:

- Fiona Taylor £130,000 to £135,000 and £17,500 to £20,000 all pension related benefits
- Martin McDowell £105,000 to £110,000 and £15,000 to £17,500 all pension related benefits

The joint management arrangement with NHS Southport and Formby CCG is also in operation for the chief nurse post. During the year the chief nurse (Debbie Fagan) was seconded to Programme Director Unplanned and Emergency Care at Southport & Ormskirk NHS Trust and therefore her banded remuneration for her time in post is:

- Debbie Fagan £15,000 to £20,000 and £0 to £2,500 all pension related benefits

The chief nurse position was taken up on an interim basis by Jane Lunt, chief nurse from NHS Liverpool CCG, from 1 October 2019.

The total remuneration of the chief officer and chief finance officer includes a 20% supplement on their basic salary paid in accordance with NHS England guidance and agreed by our Remuneration Committee to recognise the joint roles that they undertake, as officers covering two CCGs. They hold the same positions with NHS Southport and Formby CCG.

Pension benefits subject to audit

Name	Title	Real increase in pension at age 60	Real increase in pension lump sum at age 60	Total accrued pension at age 60 at 31 March 2020	Lump sum at age 60 related to accrued pension at 31 March 2020	Cash equivalent transfer value at 1 April 2019	Cash equivalent transfer value at 1 April 2020	Real increase in cash equivalent transfer value	Employers contribution to partnership pension
		(bands of £2,500)	(bands of £2,500)	(bands of £5,000)	(bands of £5,000)	£'000	£'000	£'000	£'000
Taylor FL	Chief Officer	0-2.5	-	60-65	175-180	1,321	1,408	55	-
McDowell M	Chief Finance Officer / Deputy Chief Officer	0-2.5	-	35-40	80-85	597	649	37	-
Fagan DC	Chief Nurse*	0-2.5	0-2.5	40-45	95-100	663	703	6	-
Lunt J	Interim Chief Nurse**	0-2.5	-	60-65	110-115	1,048	1,093	10	-

**Seconded to Programme Director Unplanned and Emergency Care at Southport & Ormskirk NHS Trust on 13 May 2019*

***In post from 1 October 2019*

The information in the table above for our chief officer (Fiona Taylor), chief finance officer (Martin McDowell) and chief nurse (Debbie Fagan) relates to their total pension benefits arising from their joint management roles in NHS South Sefton CCG and NHS Southport & Formby CCG.

The information in the table above for interim chief nurse (Jane Lunt) relates to her total pension benefits arising from her joint management roles in NHS Liverpool CCG, NHS South Sefton CCG and NHS Southport and Formby CCG.

Certain members do not receive pensionable remuneration therefore there will be no entries in respect of pensions for certain members.

In April 2015 there were reforms to public service pension schemes (firefighters, judges, member of the armed forces, NHS staff, teachers and civil servants). This moved employees from final salary schemes to career average schemes with retirement age equal to state pension age.

For the NHS, this meant the introduction of the 2015 scheme with protected members remaining in their existing section of the 1995/ 2008 scheme. The Court of Appeal ruled on the 20th December 2018 that this protection amounts to direct unlawful discrimination on age grounds. This judgement is referred to as the McCloud judgement Pension benefits and related cash equivalent transfer values do not allow for a potential adjustment arising from the McCloud judgement.

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement).

Compensation on early retirement or for loss of office subject to audit

During 2019-2020 the CCG has not made any payments for loss of office.

Payments to past members subject to audit

During 2019-2020 the CCG has not made any payments to any past senior managers.

Pay multiples subject to audit

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director/member of the Governing Body in NHS South Sefton CCG in the financial year 2019-2020 was £62,500 (2018-2019: £62,500).

This was 2.97 times (2018-2019: 3.54) the median remuneration of the workforce, which was £21,039 (2018-2019: £17,648).

In 2019-2020, no employees (2018-2019: 0) received remuneration in excess of the highest paid member of the Governing Body. Remuneration ranged from £0 to £5,000 (2018-2019: £0 to £5,000) to £60,000 to £65,0000 (2018-2019: £60,000 to £65,000).

Total remuneration includes salary, non-consolidated performance related pay and benefits

in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions

The pay multiple calculation has been amended to reflect the overall charge to the organisation rather than the shared cost with NHS Southport & Formby CCG due to the joint management arrangements in place; this is in line with the Group Accounting Manual 2019-2020.

Staff report

Our staff and members are our greatest asset. To ensure we remain to be an effective and innovative organisation into the future, we must continually support our members and staff to grow and develop their knowledge and skills in line with the latest developments in healthcare and technologies. Our refreshed organisational development plan highlights five priority areas for actions that we have been progressing over the last twelve months. These are:-

1. Integrated care in localities
2. Commissioning capacity and capability
3. Programme management approach for delivery of QIPP and transformation
4. System leadership, team and talent management
5. Public engagement and partnership working for transformation

Here are some examples of how we have developed this work to support our membership and workforce:

Our Governing Body

Our Governing Body participates in a development session every other month which provides an opportunity for reflection on national and local developments to inform our strategy and how it is delivered. Governing Body members have also been able to access a range of personal development opportunities, with some members participating in national development programmes or network events with other CCGs.

Our members

Our member practices are supported to carry out their commissioning responsibilities in a number of different ways.

- Continuing professional development sessions are regularly organised for clinical staff and these are called Protected Learning Time (PLT) events. The CCG also supports monthly "in-house" sessions, which enables all GP practices to hold individual educational and practice training events.
- Regular meetings of local groups of practices in 'localities' enable key issues relating to local services to be raised and discussed, so that the Governing Body and lead commissioners are kept informed in order to influence commissioning decisions.
- Our nurse facilitators support the development and access to education, training and mentoring for practice nurses and healthcare assistants and the CCG became one of the first in the county to host student nurse placements
- We hold quarterly membership meetings where practices come together to discuss wider CCG work and initiatives to improve patient care
- A weekly e-bulletin provides members with updates on CCG work, along with relevant national publications and development opportunities

- An intranet site provides a wide range of information designed to support our members, which we are continuing to update regularly based on member's feedback

Staff numbers and costs subject to audit

At the end of March 2020 we employed 148 people (68 whole time equivalents) to help us carry out our work. This includes commissioning and medicines management professionals, doctors, nurses and administration and support staff. The majority of our staff work jointly with NHS Southport & Formby CCG through our shared management team arrangements.

	Permanent Employees £'000	Other Employees £'000	Total £'000
Salaries & Wages	2,635	352	2,987
Social Security	606	-	606
Employer Contributions to NHS Pension Scheme	1,027	-	1,027
Other Pension Costs	1	-	1
Apprenticeship Levy	15	-	15
Total	**4,284**	**352**	**4,636**

	Permanent	Other	Total
Administration and estates staff	42	4	46
Nursing, midwifery and health visiting staff	3	-	3
Scientific, therapeutic and technical staff	19	-	19
Total	**64**	**4**	**68**

Staff composition

	Governing Body	Very Senior Managers	Other employees	Total
Male	8	1	37	**48**
Female	3	1	98	**100**
Total	**11**	**2**	**135**	**148**

There are two very senior managers (according to definition within the Group Accounting Manual) who were included in the membership of the CCG Governing Body.

Our staff also continues to access a broad range of development programmes relevant to their roles to assist them in their day-to-day work:

- We are committed to being a fair and equal employer and our workplace policies are in line with all relevant equality, diversity and human rights legislation to ensure none of our staff are disadvantaged by our working, training or recruiting processes. More information on equality and diversity can be found on page 65.
- We meet regularly to discuss business and performance, and to share ideas and innovation. During 2019-2020, we once again held our annual CCG Away Day which encompassed a staff awards ceremony, providing a great opportunity to celebrate some great individual and team achievements.
- We ensure our staff have the resources and development opportunities to help them carry out their day to day work, including support to complete essential core training requirements, holding annual personal development reviews, promoting and providing staff support and occupational health services focusing on health and wellbeing, as well as ensuring easy access to information through our intranet.
- Following a successful grant application to the North West Leadership Academy we have begun to refresh our approach to personal development planning, ensuring staff know how to lead an excellent development conversation and can facilitate access to a range of flexible opportunities to help staff develop.
- We have launched a new dedicated monthly e-bulletin as a result of staff views gained through a review of our existing communications channels
- In 2019-2020 we participated in the national NHS Staff Survey, which reported very pleasing results with the vast majority of responses demonstrating higher scores that the national average. Lessons learned continue to inform our organisational development planning.

Sickness absence rates

Rates of sickness absence in our organisation are low. Our annual rolling sickness absence at the end of February 2020, the latest available data, was 2.10%. We have policies in place that set out how we manage and support staff through periods of illness or other types of leave.

Disabled employees

We ensure our disabled staff are treated equally, without discrimination and shown due regard. More information can be found on page 67.

The Trade Union (Facility Time Publication Requirements) Regulations 2017

Under regulations that came into force on 1 April 2017, certain public sector organisations are required to report information in relation to Trade Union activities and the cost of any facility time in connection with these activities.

The CCG had no relevant union officials during the year ended 31 March 2020 and consequently the CCG can confirm the following:

- There were no employees who were relevant union officials
- The percentage time spent on facility time was nil
- The percentage of the paybill spent on facility time was nil
- No hours were spent on paid Trade Union activities by relevant officials in the period

Staff Partnership Forum

We acknowledge that the effective and productive conduct of employee relations benefits significantly from a recognised forum within which all stakeholders play an active role in partnership working. In support of this, we have a recognition agreement with trade unions and staff side representatives and actively participate in the Cheshire & Merseyside Staff Partnership Forum which aims to identify and facilitate the workforce and employment aspects of the NHS locally in developing arrangements to implement required changes which may affect the workforce. The Staff Partnership Forum is the main body for actively engaging, consulting and negotiating with key staff side stakeholders.

The forum is authorised to agree, revise and review policies and procedures which may relate to changes in employment legislation and regulation and the terms and conditions of employment affecting our staff covered by the national Agenda for Change Terms and Conditions.

Any policies approved by the Staff Partnership Forum during this period were subsequently ratified by the Finance & Resource Committee or Quality Committee which are both sub- committees of the Governing Body.

Expenditure on consultancy

During 2019-2020 the CCG spent £541k on consultancy services. The majority of this was incurred on consultancy services to develop the CCG's Transformation Plan.

Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31 March 2020, for more than £245 per day and that last longer than six months:

The number that have existed:	Number
• For less than one year at the time of reporting	-
• For between one and two years at the time of reporting	-
• For between two and three years at the time of reporting	-
• For between three and four years at the time of reporting	-
• For four or more years at the time of reporting	1
Total number of existing engagements as of 31 March 2020	**1**

All existing off payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

New off-payroll engagements

For all new off-payroll engagements between 1 April 2019 and 31 March 2020, for more than £245 per day and that last longer than six months:

	Number
Number of new engagements, or those that reached six months in duration, between 1 April 2019 and 31 March 2020	2
Number of the above which include contractual clauses giving the clinical commissioning group the right to request assurance in relation to Income Tax and National Insurance obligations	-
• Assessed as caught by IR35	-
• Assessed as not caught by IR35	2
Number engaged directly (via PSC contracted to department) and are on the Departmental payroll	-
Number of engagements reassessed for consistency / assurance purposes during the year	-
Number of engagements that saw a change to IR35 status following the consistency review	-

Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 1 April 2019 and 31 March 2020:

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	14

Exit packages, including special (non-contractual) payments subject to audit

Exit Packages

Exit package cost band (inc. any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
	Number	£	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-	-	-
£10,000 - £25,000	-	-	-	-	-	-	-	-
£25,001 - £50,000	-	-	-	-	-	-	-	-
£50,001 - £100,000	-	-	-	-	-	-	-	-
£100,001 - £150,000	-	-	-	-	-	-	-	-
£150,001 – £200,000	-	-	-	-	-	-	-	-
>£200,000	-	-	-	-	-	-	-	-
TOTALS	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**

There were no redundancy or exit costs for NHS South Sefton CCG during 2019-2020

Analysis of Other Departures

	Agreements Number	Total Value of agreements £'000
Voluntary redundancies including early retirement contractual costs	-	-
Mutually agreed resignations (MARS) contractual costs	-	-
Early retirements in the efficiency of the service contractual costs	-	-
Contractual payments in lieu of notice	-	-
Exit payments following Employment Tribunals or court orders	-	-
Non-contractual payments requiring HMT approval**	-	-
TOTAL	-	-

There were no costs of other departures for NHS South Sefton CCG during 2019-2020

Fiona Taylor

Accountable Officer

18 June 2020

Parliamentary accountability and audit report

NHS South Sefton CCG is not required to produce a parliamentary accountability and audit report. Disclosures on remote contingent liabilities, losses and special payments, gifts and fees and charges are included as notes in the financial statements of this report on page 136. An audit certificate and report is also included in this Annual Report at page 131.

Independent auditor's report to the members of the Governing Body of NHS South Sefton Clinical Commissioning Group

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of NHS South Sefton Clinical Commissioning Group (the 'CCG') for the year ended 31 March 2020, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the CCG as at 31 March 2020 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2019 to 2020; and
- have been prepared in accordance with the requirements of the Health and Social Care Act 2012.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the CCG in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

The impact of macro-economic uncertainties on our audit

Our audit of the financial statements requires us to obtain an understanding of all relevant uncertainties, including those arising as a consequence of the effects of macro-economic uncertainties such as Covid-19 and Brexit. All audits assess and challenge the reasonableness of estimates made by the Accountable Officer and the related disclosures and the appropriateness of the going concern basis of preparation of the financial statements. All of these depend on assessments of the future economic environment and the CCG's future operational arrangements.

Covid-19 and Brexit are amongst the most significant economic events currently faced by the UK, and at the date of this report their effects are subject to unprecedented levels of uncertainty, with the full range of possible outcomes and their impacts unknown. We applied a standardised firm-wide approach in response to these uncertainties when assessing the CCG's future operational arrangements. However, no audit should be expected to predict the unknowable factors or all possible future implications for an entity associated with these particular events.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accountable Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the CCG's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

In our evaluation of the Accountable Officer's conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2019 to 2020 that the CCG's financial statements shall be prepared on a going concern basis, we considered the risks associated with the CCG's operating activities, including effects arising from macro-economic uncertainties such as Covid-19 and Brexit. We analysed how those risks might affect the CCG's financial resources or ability to continue operations over the period of at least twelve months from the date when the financial statements are authorised for issue. In accordance with the above, we have nothing to report in these respects.

However, as we cannot predict all future events or conditions and as subsequent events may result in outcomes that are inconsistent with judgements that were reasonable at the time they were made, the absence of reference to a material uncertainty in this auditor's report is not a guarantee that the CCG will continue in operation.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in April 2015 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Governance Statement does not comply with the guidance issued by the NHS Commissioning Board or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the

Department of Health and Social Care Group Accounting Manual 2019 to 2020 and the requirements of the Health and Social Care Act 2012; and

- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the CCG gained through our work in relation to the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Qualified opinion on regularity required by the Code of Audit Practice

In our opinion, except for the effects of the matter described in the basis for qualified opinion on regularity section of our report, in all material respects the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

Basis for qualified opinion on regularity

The CCG reported expenditure of £295.9 million against income of £287.0 million and a deficit of £8.9 million in its financial statements for the year ending 31 March 2020. The CCG thereby breached two of its duties under the National Health Service Act 2006, as amended by paragraphs 223H and 223I of section 27 of the Health and Social Care Act 2012, to ensure that annual expenditure does not exceed income and revenue resource use does not exceed the amount specified by direction of the NHS Commissioning Board, otherwise known as NHS England.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the CCG, or an officer of the CCG, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the CCG under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters except on 27th May 2020 we referred two matters to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014 in relation to NHS South Sefton CCG's breach of its revenue resource limit and its annual expenditure exceeding income for the year ending 31 March 2020.

Responsibilities of the Accountable Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accountable Officer's responsibilities set out on pages 84 to 85, the Accountable Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions, for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the CCG's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national

body of the intention to dissolve the CCG without the transfer of its services to another public sector entity.

The Accountable Officer is responsible for ensuring the regularity of expenditure and income in the financial statements.

The Audit Committee is Those Charged with Governance. Those Charged with Governance are responsible for overseeing the CCG's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

We are also responsible for giving an opinion on the regularity of expenditure and income in the financial statements in accordance with the Code of Audit Practice.

Report on other legal and regulatory requirements – Conclusion on the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

Qualified conclusion

On the basis of our work, having regard to the guidance issued by the Comptroller & Auditor General in April 2020, except for the effects of the matter described in the basis for qualified conclusion section of our report, we are satisfied that, in all significant respects, NHS South Sefton CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020.

Basis for qualified conclusion

Our review of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources identified the following matter:

During the year, the CCG's financial position deteriorated unexpectedly, and it was unable to recover the position by the year-end, incurring a deficit of £8.9 million. The main reason for the deterioration in the financial position was that the CCG planned to make savings of £14 million for the year but was only able to deliver £4.9 million of these savings. The CCG had only identified £4.1 million of savings plans at the start of the financial year and was unable to make the further savings required for it to deliver its planned surplus of £1 million.

This matter identifies weaknesses in the CCG's arrangements for setting a sustainable budget with sufficient capacity to absorb emerging cost pressures. This matter is evidence of weaknesses in proper arrangements for sustainable resource deployment in planning finances effectively to support the sustainable delivery of strategic priorities and maintain statutory functions.

Responsibilities of the Accountable Officer

As explained in the Governance Statement, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the CCG's resources.

Auditor's responsibilities for the review of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(1)(c) and Schedule 13 paragraph 10(a) of the Local Audit and Accountability Act 2014 to be satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the CCG's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in April 2020, as to whether in all significant respects, the CCG had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the CCG put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2020, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the CCG has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements of NHS South Sefton Clinical Commissioning Group in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice.

Use of our report

This report is made solely to the members of the Governing Body of the CCG, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the CCG those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the CCG and the members of the Governing Body of the CCG, as a body, for our audit work, for this report, or for the opinions we have formed.

Joanne Brown

Joanne Brown, Key Audit Partner
for and on behalf of Grant Thornton UK LLP, Local Auditor

Glasgow
24 June 2020

Statement of Comprehensive Net Expenditure for the year ended 31 March 2020

	Note	2019-20 £'000	2018-19 £'000
Income from sale of goods and services	2	(2,872)	(4,542)
Other operating income	2	-	-
Total operating income		**(2,872)**	**(4,542)**
Staff costs	4	4,636	3,375
Purchase of goods and services	5	289,703	251,590
Depreciation and impairment charges	5	40	39
Provision expense	5	-	(200)
Other Operating Expenditure	5	239	255
Total operating expenditure		**294,618**	**255,058**
Net Operating Expenditure		**291,747**	**250,516**
Comprehensive Expenditure for the year		**291,747**	**250,516**

Statement of Financial Position as at 31 March 2020

	Note	2019-20	2018-19
		£'000	£'000
Non-current assets:			
Property, plant and equipment	8	76	116
Total non-current assets		76	**116**
Current assets:			
Trade and other receivables	9	3,069	3,709
Cash and cash equivalents	10	16	136
Total current assets		**3,085**	3,845
Total assets		**3,161**	3,961
Current liabilities			
Trade and other payables	11	(16,595)	(14,656)
Total current liabilities		**(16,595)**	(14,656)
Assets less Liabilities		**(13,434)**	(10,694)
Financed by Taxpayers' Equity			
General fund		(13,434)	(10,694)
Total taxpayers' equity:		**(13,434)**	(10,694)

The notes on pages 141 to 173 form part of this statement.

The financial statements on pages 136 to 140 were approved by the Governing Body on 18 June 2020 and signed on its behalf by:

Fiona Taylor
Chief Accountable Officer
18 June 2020

Statement of Changes In Taxpayers Equity for the year ended 31 March 2020

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2019-20				
Balance at 01 April 2019	(10,694)	-	-	**(10,694)**
Transfer between reserves in respect of assets transferred from closed NHS bodies	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(10,694)**	**-**	**-**	**(10,694)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2019-20				
Net operating expenditure for the financial year	(291,747)			**(291,747)**
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(291,747)**	**-**	**-**	**(291,747)**
Net funding	289,007	-	-	**289,007**
Balance at 31 March 2020	**(13,434)**	**-**	**-**	**(13,434)**

	General fund £'000	Revaluation reserve £'000	Other reserves £'000	Total reserves £'000
Changes in taxpayers' equity for 2018-19				
Balance at 01 April 2018	(11,942)	-	-	**(11,942)**
Transfer of assets and liabilities from closed NHS bodies	-	-	-	**-**
Adjusted NHS Clinical Commissioning Group balance at 31 March 2019	**(11,942)**	**-**	**-**	**(11,942)**
Changes in NHS Clinical Commissioning Group taxpayers' equity for 2018-19				
Net operating costs for the financial year	(250,516)			(250,516)
Net Recognised NHS Clinical Commissioning Group Expenditure for the Financial Year	**(250,516)**	**-**	**-**	**(250,516)**
Net funding	251,764	-	-	251,764
Balance at 31 March 2019	**(10,694)**	**-**	**-**	**(10,694)**

Statement of Cash Flows for the year ended 31 March 2020

	Note	**2019-20 £'000**	2018-19 £'000
Cash Flows from Operating Activities			
Net operating expenditure for the financial year		(291,747)	(250,516)
Depreciation and amortisation	5	40	39
(Increase)/decrease in trade & other receivables	9	640	(1,771)
Increase/(decrease) in trade & other payables	11	1,939	755
Increase/(decrease) in provisions	12	-	(200)
Net Cash Inflow (Outflow) from Operating Activities		**(289,128)**	(251,693)
Cash Flows from Investing Activities			
(Payments) for property, plant and equipment		-	(40)
Net Cash Inflow (Outflow) from Investing Activities		**-**	(40)
Net Cash Inflow (Outflow) before Financing		**(289,128)**	(251,733)
Cash Flows from Financing Activities			
Grant in Aid Funding Received		289,007	251,764
Net Cash Inflow (Outflow) from Financing Activities		**289,007**	251,764
Net Increase (Decrease) in Cash & Cash Equivalents	10	**(120)**	31
Cash & Cash Equivalents at the Beginning of the Financial Year		**136**	105
Effect of exchange rate changes on the balance of cash and cash equivalents held in foreign currencies		-	-
Cash & Cash Equivalents (including bank overdrafts) at the End of the Financial Year		**16**	136

The notes on pages 141 to 173 form part of this statement.

Notes to the Financial Statements

1 Accounting Policies

NHS England has directed that the financial statements of clinical commissioning groups shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2019-20 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to clinical commissioning groups, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the clinical commissioning group for the purpose of giving a true and fair view has been selected. The particular policies adopted by the clinical commissioning group are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Going Concern

These accounts have been prepared on a going concern basis despite the issue of a report to the Secretary of State for Health and Social Care under Section 30 of the Local Audit and Accountability Act 2014.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents

Where a clinical commissioning group ceases to exist, it considers whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements. If services will continue to be provided the financial statements are prepared on the going concern basis.

Covid-19 is a material uncertainty however in the case of the CCG, the Chancellor's statement in the Budget 2020 provided confirmation of NHS funding throughout this pandemic. Therefore Covid-19 does not affect the CCG as a going concern.

1.2 Accounting Convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

1.3 Pooled Budgets

The clinical commissioning group has entered into a pooled budget arrangement with Sefton Metropolitan Borough Council in accordance with section 75 of the NHS Act 2006. Under the arrangement, funds are pooled for:

- Self-Care, Wellbeing and Prevention

- Integrate Care at locality level building on Virtual Ward and Care Closer to Home initiatives
- Intermediate Care and Re-ablement

The pool is hosted by Sefton Metropolitan Borough Council. The clinical commissioning group accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement

1.4 Operating Segments

Income and expenditure are analysed in the Operating Segments note and are reported in line with management information used within the clinical commissioning group.

1.5 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows;

- As per paragraph 121 of the Standard the clinical commissioning group will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less,
- The clinical commissioning group is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the clinical commissioning group to reflect the aggregate effect of all contracts modified before the date of initial application.

The main source of funding for the Clinical Commissioning Group is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received.

Revenue in respect of services provided is recognised when (or as) performance obligations are satisfied by transferring promised services to the customer and is measured at the amount of the transaction price allocated to that performance obligation.

Where income is received for a specific performance obligation that is to be satisfied in the following year, that income is deferred.

Payment terms are standard reflecting cross government principles.

The value of the benefit received when the clinical commissioning group accesses funds from the Government’s apprenticeship service are recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider, non-cash income and a corresponding non-cash training expense are recognised, both equal to the cost of the training funded.

1.6 Employee Benefits

1.6.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.6.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the clinical commissioning group commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.8 Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the clinical commissioning group recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.9 Property, Plant & Equipment

1.9.1 Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes;
- It is probable that future economic benefits will flow to, or service potential will be supplied to the clinical commissioning group;

- It is expected to be used for more than one financial year;
- The cost of the item can be measured reliably; and,
- The item has a cost of at least £5,000; or,
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or,
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.9.2 Measurement

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date.

Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use; and,
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Net Expenditure.

1.9.3 Subsequent Expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

1.9.4 Depreciation, Amortisation & Impairments

Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the clinical commissioning group expects to obtain economic benefits or service potential from the asset. This is specific to the clinical commissioning group and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life.

At each reporting period end, the clinical commissioning group checks whether there is any indication that any of its property, plant and equipment assets or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

1.10 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

1.10.1 The Clinical Commissioning Group as Lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are

apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the clinical commissioning group's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

1.11 Cash & Cash Equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the clinical commissioning group's cash management.

1.12 Provisions

Provisions are recognised when the clinical commissioning group has a present legal or constructive obligation as a result of a past event, it is probable that the clinical commissioning group will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rate as follows:

Early retirement provisions are discounted using HM Treasury's pension discount rate of negative 0.50% (2018-19: positive 0.29%) in real terms. All general provisions are subject to four separate discount rates according to the expected timing of cashflows from the Statement of Financial Position date:

- A nominal short-term rate of 0.51% (2018-19: 0.76%) for inflation adjusted expected cash flows up to and including 5 years from Statement of Financial Position date.
- A nominal medium-term rate of 0.55% (2018-19:1.14%) for inflation adjusted expected cash flows over 5 years up to and including 10 years from the Statement of Financial Position date.
- A nominal long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows over 10 years and up to and including 40 years from the Statement of Financial Position date.
- A nominal very long-term rate of 1.99% (2018-19: 1.99%) for inflation adjusted expected cash flows exceeding 40 years from the Statement of Financial Position date.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received, and the amount of the receivable can be measured reliably.

A restructuring provision is recognised when the clinical commissioning group has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

1.13 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the clinical commissioning group pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with clinical commissioning group.

1.14 Non-clinical Risk Pooling

The clinical commissioning group participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the clinical commissioning group pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.15 Contingent liabilities and contingent assets

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the clinical commissioning group. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.16 Financial Assets

Financial assets are recognised when the clinical commissioning group becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired, or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;
- Financial assets at fair value through other comprehensive income and;
- Financial assets at fair value through profit and loss.

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.16.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.16.2 Financial assets at fair value through other comprehensive income

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

1.16.3 Financial assets at fair value through profit and loss

Financial assets measure at fair value through profit and loss are those that are not otherwise measured at amortised cost or fair value through other comprehensive income. This includes derivatives and financial assets acquired principally for the purpose of selling in the short term.

1.16.4 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the clinical commissioning group recognises a loss allowance representing the expected credit losses on the financial asset.

The clinical commissioning group adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The clinical commissioning group therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally,

Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the clinical commissioning group does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.17 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the clinical commissioning group becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1 Financial Guarantee Contract Liabilities

Financial guarantee contract liabilities are subsequently measured at the higher of:

- The premium received (or imputed) for entering into the guarantee less cumulative amortisation; and,
- The amount of the obligation under the contract, as determined in accordance with IAS 37: Provisions, Contingent Liabilities and Contingent Assets.

1.17.2 Financial Liabilities at Fair Value through Profit and Loss

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the clinical commissioning group's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

1.17.3 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax

Most of the activities of the clinical commissioning group are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged, or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accrual's basis, including losses which would have been made good through insurance cover had the clinical commissioning group not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.20 Critical accounting judgements and key sources of estimation uncertainty

In the application of the clinical commissioning group's accounting policies, management is required to make various judgements, estimates and assumptions. These are regularly reviewed.

1.20.1 Critical accounting judgements in applying accounting policies

There have been no significant judgements made by management in the process of applying the clinical commissioning group's accounting policies.

1.20.2 Sources of estimation uncertainty

There are no assumptions made about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1.21 Accounting Standards That Have Been Issued but Have Not Yet Been Adopted

The Department of Health and Social Care GAM does not require the following IFRS Standards and Interpretations to be applied in 2019-20. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2020-21.

IFRS 16 Leases will replace IAS 17 Leases, IFRIC 4 Determining whether an arrangement contains a lease and other interpretations and is applicable in the public sector for periods beginning 1 April 2021. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2021, the CCG will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term

of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the trust's incremental borrowing rate. The trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. No adjustments will be made on 1 April 2021 for existing finance leases.

For leases commencing in 2021/22, the CCG will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector to 1 April 2021 on 19 March 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity from April 2021 and beyond, a quantification of the expected impact of applying the standard in 2021/22 is currently impracticable. However, the CCG does expect this standard to have a material impact on non-current assets, liabilities and depreciation.

2. Other Operating Revenue

	2019-20 Total £'000	2018-19 Total £'000
Income from sale of goods and services (contracts)		
Education, training and research	**7**	20
Non-patient care services to other bodies	**2,033**	4,168
Prescription fees and charges	**146**	264
Other Contract income	**687**	91
Total Income from sale of goods and services	**2,872**	**4,542**
Total Operating Income	**2,872**	**4,542**

Revenue in this note does not include cash received from NHS England, which is drawn down directly into the bank account of the CCG and credited to the General Fund.

3. Disaggregation of Income - Income from sale of good and services (contracts)

	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Other Contract income £'000
Source of Revenue				
NHS	-	2,033	-	-
Non NHS	7	-	146	687
Total	**7**	**2,033**	**146**	**687**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Prescription fees and charges £'000	Other Contract income £'000
Timing of Revenue				
Point in time	7	2,033	146	687
Over time	-	-	-	-
Total	**7**	**2,033**	**146**	**687**

4. Employee benefits and staff numbers

4.1 Employee benefits

	Total		2019-20
	Permanent Employees £'000	**Other £'000**	**Total £'000**
Employee Benefits			
Salaries and wages	**2,635**	**352**	**2,987**
Social security costs	**606**	**-**	**606**
Employer Contributions to NHS Pension scheme	**1,027**	**-**	**1,027**
Other pension costs	**1**	**-**	**1**
Apprenticeship Levy	**15**	**-**	**15**
Gross employee benefits expenditure	4,284	352	4,636
Less recoveries in respect of employee benefits	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	4,284	352	4,636
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	4,284	352	4,636

	Total		2018-19
	Permanent Employees £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	**2,104**	**45**	**2,149**
Social security costs	**550**	**-**	**550**
Employer Contributions to NHS Pension scheme	**659**	**-**	**659**
Other pension costs	**1**	**-**	**1**
Apprenticeship Levy	**16**	**-**	**16**
Gross employee benefits expenditure	3,330	45	3,375
Less recoveries in respect of employee benefits (note 4.1.2)	**-**	**-**	**-**
Total - Net admin employee benefits including capitalised costs	3,330	45	3,375
Less: Employee costs capitalised	**-**	**-**	**-**
Net employee benefits excluding capitalised costs	3,330	45	3,375

Please see page 123 of the annual report for further information on staff costs

4.2 Average number of people employed

	2019-20			2018-19		
	Permanently employed Number	Other Number	Total Number	Permanently employed Number	Other Number	Total Number
Total	**64.00**	**4.00**	**68.00**	**63.00**	**5.00**	**68.00**
Of the above:						
Number of whole time equivalent people engaged on capital projects	-	-	-	-	-	-

Please see page 122 of the annual report for further information on staff costs

4.3 Exit packages agreed in financial year

There have been no exit packages in 2019-20 (2018-19: Nil)

4.4 Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities.

Therefore, the schemes are accounted for as though they were defined contribution schemes: the cost to the clinical commissioning group of participating in a scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

The employer contribution rate for NHS Pensions increased from 14.3% to 20.6% from 1st April 2019. For 2019/20, NHS CCGs continued to pay over contributions at the former rate with the additional amount being paid by NHS England on CCGs behalf. The full cost and related funding has been recognised in these accounts.

4.4.1 Accounting Valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2019, is based on valuation data as 31 March 2018 updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

5. Operating expenses

	2019-20 Total £'000	2018-19 Total £'000
Purchase of goods and services		
Services from other CCGs and NHS England	1,615	842
Services from foundation trusts	169,851	157,574
Services from other NHS trusts	22,237	26,395
Purchase of healthcare from non-NHS bodies	38,942	30,320
Prescribing costs	28,088	27,494
General Ophthalmic services	34	17
GPMS/APMS and PCTMS*	22,852	3,254
Supplies and services – clinical	519	451
Supplies and services – general	1,753	765
Consultancy services	518	239
Establishment	2,422	3,341
Premises	430	385
Audit fees**	48	46
Other non statutory audit expenditure		
· Internal audit services***	15	24
· Other services	-	10
Other professional fees	308	389
Education, training and conferences	71	44
Total Purchase of goods and services	**289,703**	**251,590**
Depreciation and impairment charges		
Depreciation	40	39
Total Depreciation and impairment charges	**40**	**39**
Provision expense		
Provisions	-	(200)
Total Provision expense	**-**	**(200)**
Other Operating Expenditure		
Chair and Non Executive Members	154	172
Expected credit loss on other financial assets (stage 1 and 2 only)	-	(2)
Other expenditure	85	85
Total Other Operating Expenditure	**239**	**255**
Total operating expenditure	**289,982**	**251,683**

*With effect from 1 April 2019, NHS England has delegated co-commissioning responsibility for primary care medical services to the Clinical Commissioning Group. This has resulted in an increase in the CCG allocation.

**In accordance with SI 2008 no.489, The Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008, where a CCG contract with its auditors provides for a limitation of the auditor's liability, the principal terms of this limitation must be disclosed. The contract for the provision of external audit services is held by Grant Thornton UK LLP. This limitation has been confirmed as £2 million. The external audit fees include Value Added Tax (VAT).

***Internal audit services during the year were provided by Mersey Internal Audit Agency and hosted by The Royal Liverpool & Broadgreen University Hospitals NHS Trust. This transferred to Liverpool University Hospitals NHS Foundation Trust following the Royal Liverpool & Broadgreen University Hospitals NHS Trust merger with Aintree University Hospitals NHS Foundation Trust.

6. Better Payment Practice Code

Measure of compliance	2019-20 Number	2019-20 £'000	2018-19 Number	2018-19 £'000
Non-NHS Payables				
Total Non-NHS Trade invoices paid in the Year	6,461	63,657	4,514	39,886
Total Non-NHS Trade Invoices paid within target	6,268	61,789	4,305	38,594
Percentage of Non-NHS Trade invoices paid within target	**97.01%**	**97.07%**	**95.37%**	**96.76%**
NHS Payables				
Total NHS Trade Invoices Paid in the Year	2,115	198,694	2,209	187,827
Total NHS Trade Invoices Paid within target	2,068	198,207	2,147	186,098
Percentage of NHS Trade Invoices paid within target	**97.78%**	**99.75%**	**97.19%**	**99.08%**

The Better Payment Practice Code required the Clinical Commissioning Group to aim to pay all valid invoices by the due date or within 30 days of the receipt of a valid invoice, whichever is later. The Better Payment Practice Code sets out target compliance of 95%.

7. Operating Leases

7.1 As lessee

7.1.1 Payments recognised as an Expense

	2019-20				2018-19			
	Land	Buildings	Other	Total	Land	Buildings	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Payments recognised as an expense								
Minimum lease payments	-	138	-	**138**	-	299	2	**301**
Contingent rents	-	-	-	**-**	-	-	-	**-**
Sub-lease payments	-	-	-	**-**	-	-	-	**-**
Total	**-**	**138**	**-**	**138**	**-**	**299**	**2**	**301**

The Clinical Commissioning Group has arrangements in place with NHS Property Services and Community Health Partnerships Limited for use of property assets. Although no formal contracts are in place the substance of the transactions involved convey the right of the Clinical Commissioning Group to use the property assets. In accordance with IAS17 and the Group Accounting Manual 2018-19 payments are required to be disclosed as operating lease payments. All payments made are shown in note 7.1.1 above.

7.1.2 Future minimum lease payments

While our arrangements with NHS Property Services and Community Health Partnerships Limited fall within the definition of operating leases, the rental charge for the remainder of the current leases have not yet been agreed. Consequently, this note does not include future minimum lease payments for these arrangements.

8. Property, plant and equipment

2019-20	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2019	74	212	286
Additions purchased	-	-	-
Cost/Valuation at 31 March 2020	**74**	**212**	**286**
Depreciation 01 April 2019	74	96	170
Charged during the year	-	40	40
Depreciation at 31 March 2020	**74**	**136**	**210**
Net Book Value at 31 March 2020	**-**	**76**	**76**
Purchased	-	76	76
Donated	-	-	-
Government Granted	-	-	-
Total at 31 March 2020	**-**	**76**	**76**

2018-19	Plant & machinery £'000	Information technology £'000	Total £'000
Cost or valuation at 01 April 2018	74	172	246
Additions purchased	-	40	40
Cost/Valuation at 31 March 2019	**74**	**212**	**286**
Depreciation 01 April 2018	74	57	131
Charged during the year	-	39	39
Depreciation at 31 March 2019	**74**	**96**	**170**
Net Book Value at 31 March 2019	**-**	**116**	**116**
Purchased	-	116	116
Donated	-	-	-
Government Granted	-	-	-
Total at 31 March 2019	**-**	**-**	**-**

8.1 Economic lives

	Minimum Life (years)	Maximum Life (Years)
Plant & machinery	-	4
Information technology	-	4

9. Trade and other receivables

	Current 2019-20 £'000	Current 2018-19 £'000
NHS receivables: Revenue	1,296	2,040
NHS accrued income	751	126
Non-NHS and Other WGA receivables: Revenue	224	98
Non-NHS and Other WGA prepayments	420	1,141
Non-NHS and Other WGA accrued income	325	225
Expected credit loss allowance-receivables	(9)	(9)
VAT	29	52
Other receivables and accruals	32	36
Total Trade & other receivables	**3,069**	**3,709**
Included above:		
Prepaid pensions contributions	-	-

There were no non-current receivables in 2019-20 (2018-19: Nil)

There were no prepaid pension contributions included in 2019-20 (2018-19: Nil)

9.1 Receivables past their due date but not impaired

	2019-20 DHSC Group Bodies £'000	2019-20 Non DHSC Group Bodies £'000	2018-19 DHSC Group Bodies £'000	2018-19 Non DHSC Group Bodies £'000
By up to three months	588	186	303	25
By three to six months	22	8	60	1
By more than six months	60	21	107	10
Total	**670**	**215**	**470**	**36**

10. Cash and cash equivalents

	2019-20 £'000	2018-19 £'000
Balance at 01 April 2019	136	105
Net change in year	(120)	31
Balance at 31 March 2020	**16**	**136**
Made up of:		
Cash with the Government Banking Service	16	136
Cash with Commercial banks	-	-
Cash in hand	-	-
Current investments	-	-
Cash and cash equivalents as in statement of financial position	**16**	**136**
Bank overdraft: Government Banking Service	-	-
Bank overdraft: Commercial banks	-	-
Total bank overdrafts	**-**	**-**
Balance at 31 March 2020	**16**	**136**
Patients' money held by the clinical commissioning group, not included above	-	-

11. Trade and other payables	Current 2019-20 £'000	Current 2018-19 £'000
NHS payables: Revenue	2,285	1,384
NHS accruals	39	1,060
NHS deferred income	1	-
Non-NHS and Other WGA payables: Revenue	4,560	4,431
Non-NHS and Other WGA accruals	4,341	4,061
Non-NHS and Other WGA deferred income	105	32
Social security costs	96	83
Tax	78	76
Payments received on account	-	530
Other payables and accruals	5,088	2,998
Total Trade & Other Payables	**16,595**	**14,656**

There were no non-current payables in 2019-20 (2018-19: Nil)

12. Provisions

	Current 2019-20 £'000	Non-current 2019-20 £'000	Current 2018-19 £'000	Non-current 2018-19 £'000
Pensions relating to former directors	-	-	-	-
Pensions relating to other staff	-	-	-	-
Restructuring	-	-	-	-
Redundancy	-	-	-	-
Agenda for change	-	-	-	-
Equal pay	-	-	-	-
Legal claims	-	-	-	-
Continuing care	-	-	-	-
Other	-	-	-	-
Total	-	-	-	-
Total current and non-current	-		-	

13. Contingencies

The Clinical Commissioning Group has assessed the likelihood and impact of contingent assets and liabilities as at 31 March 2020. The likelihood is assessed as remote and the impact would be not material.

14. Clinical Negligence Costs

The value of provisions carried in the books of the NHS Resolution in regard to CNST claims as at 31 March 2020 was nil. (2018-19: Nil)

15. Commitments

15.1 Capital commitments

In 2019-20 the CCG had no capital commitments. (2018-19: £24k)

16. Financial instruments

16.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities.

Because NHS clinical commissioning group is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The clinical commissioning group has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the clinical commissioning group in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the NHS clinical commissioning group standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the NHS clinical commissioning group and internal auditors.

16.1.1 Currency risk

The NHS clinical commissioning group is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The NHS clinical commissioning group has no overseas operations. The NHS clinical commissioning group and therefore has low exposure to currency rate fluctuations.

16.1.2 Interest rate risk

The clinical commissioning group borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The clinical commissioning group therefore has low exposure to interest rate fluctuations.

16.1.3 Credit risk

Because the majority of the NHS clinical commissioning group and revenue comes parliamentary funding, NHS clinical commissioning group has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

16.1.4 Liquidity risk

NHS clinical commissioning group is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The NHS clinical commissioning group draws down cash to cover expenditure, as the need arises. The NHS clinical commissioning group is not, therefore, exposed to significant liquidity risks.

16.1.5 Financial Instruments

As the cash requirements of NHS England are met through the Estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

16.2 Financial assets

	Financial Assets measured at amortised cost	Equity Instruments designated at FVOCI	Total
	2019-20	2019-20	2019-20
	£'000	£'000	£'000
Trade and other receivables with NHSE bodies	1,939		1,939
Trade and other receivables with other DHSC group bodies	336		336
Trade and other receivables with external bodies	355		355
Cash and cash equivalents	16		16
Total at 31 March 2020	**2,644**	**-**	**2,644**

16.3 Financial liabilities

	Financial Liabilities measured at amortised cost 2019-20 £'000	Other 2019-20 £'000	Total 2019-20 £'000
Trade and other payables with NHSE bodies	299		**299**
Trade and other payables with other DHSC group bodies	2,651		**2,651**
Trade and other payables with external bodies	13,364		**13,364**
Total at 31 March 2020	**16,314**	**-**	**16,314**

17. Operating segments

	Gross expenditure £'000	Income £'000	Net expenditure £'000	Total assets £'000	Total liabilities £'000	Net assets £'000
Commissioning of Healthcare Services	294,618	(2,872)	**291,747**	3,161	(16,595)	**(13,434)**
Total	**294,618**	**(2,872)**	**291,747**	**3,161**	**(16,595)**	**(13,434)**

The Clinical Commissioning Group has only one segment: Commissioning of Healthcare Services. All internally generated reports to the CCG Governing Body are based on one operating segment.

18. Related party transactions

Details of related party transactions with organisations are as follows:

Related Party	Name	CCG Role	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
			£'000	£'000	£'000	£'000
Blundellsands Surgery	Dr Craig Gillespie	Chair and Clinical Director	1,781	328	-	24
Westway Medical Centre	Dr Peter Chamberlain	GP Clinical Director	1,273	11	1	-
Concept House Surgery	Dr Gina Halstead	GP Clinical Director	1,003	5	-	-
S2S Health Ltd	Dr Sunil Sapre	GP Clinical Director	381	-	-	-
Maghull Health Centre	Dr Sunil Sapre	GP Clinical Director	722	-	-	-

The Department of Health is regarded as a related party. During the year the Clinical Commissioning Group has had significant number of material transactions with entities which the Department is regarded as the parent. For example:

- NHS England (including commissioning support units);
- NHS Foundation Trusts;
- NHS Trusts;
- NHS Litigation Authority, and
- NHS Business Services Authority.

In addition the Clinical Commissioning Group has had a number of material transactions with other government departments and other central and local government bodies, mainly Sefton Metropolitan Borough Council.

19. Events after the reporting period

All health partners in the local health economy will need to collaborate to ensure long term financial sustainability at the same time as improving clinical services for our populations. In the future, this may mean potential organisational reconfiguration and as at the 31 March 2020 discussions are ongoing.

Covid-19 was declared a pandemic on 12 March 2020 and the UK government made announcements about how the population should act as a result before the end of March 2020. The CCG has made an assessment of significant factors relating to 2019-20 and no material items have been identified.

20. Losses and Special Payments

20.1. Losses

There were no losses in 2019-20 (2018-19: Nil)

20.2 Special payments

There were no special payments made in 2019-20 (2018-19: Nil)

21. Pooled Budgets

Better Care Fund

The Clinical Commissioning Group share of the income and expenditure handled by the pooled budget in relation to the Better Care Fund in the financial year were:

	2019-20	2018-19
	£'000	£'000
Income	(14,709)	(14,377)
Expenditure	14,709	14,377
Total	**-**	-

The Better Care Fund (BCF) came into operation on 1 April 2015, with £3.46 billion of NHS England's funding to CCGs ring-fenced for the establishment of the fund. To administer the fund, CCGs were required to establish joint arrangements with local authorities to operate a pooled budget to deliver more integrated health and social care.

South Sefton CCG is party to a BCF pooled budget arrangement with Southport & Formby CCG and Sefton Council. The income and expenditure referenced above, is analysed within note 5 Operating Expenses.

22. Financial performance targets

NHS Clinical Commissioning Group have a number of financial duties under the NHS Act 2006 (as amended).
NHS Clinical Commissioning Group performance against those duties was as follows:

	2019-20	2019-20	2018-19	2018-19
	Target	**Performance**	Target	Performance
Expenditure not to exceed income	285,718	294,618	256,058	255,058
Capital resource use does not exceed the amount specified in Directions	-	-	40	40
Revenue resource use does not exceed the amount specified in Directions	282,847	291,747	251,516	250,516
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	-	-
Revenue administration resource use does not exceed the amount specified in Directions	3,545	3,344	3,263	2,862

The CCG was set a control total of £1m surplus at the outset of the financial year by NHSE. During the year, the CCG worked on a System wide Financial Recovery Plan, resulting in the CCG seeking a revision to its forecast out turn following the protocol set by NHS England. This revision was agreed and subsequently met by the CCG. At the end of the 2019-20 financial year, the CCG reported a £8.9m deficit.

NHS South Sefton CCG

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